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Medical and Surgical Journal.

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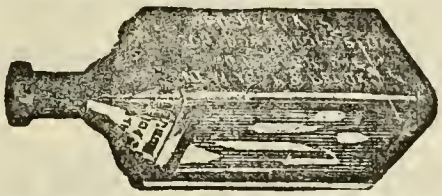
COMPOUND  IODINISED

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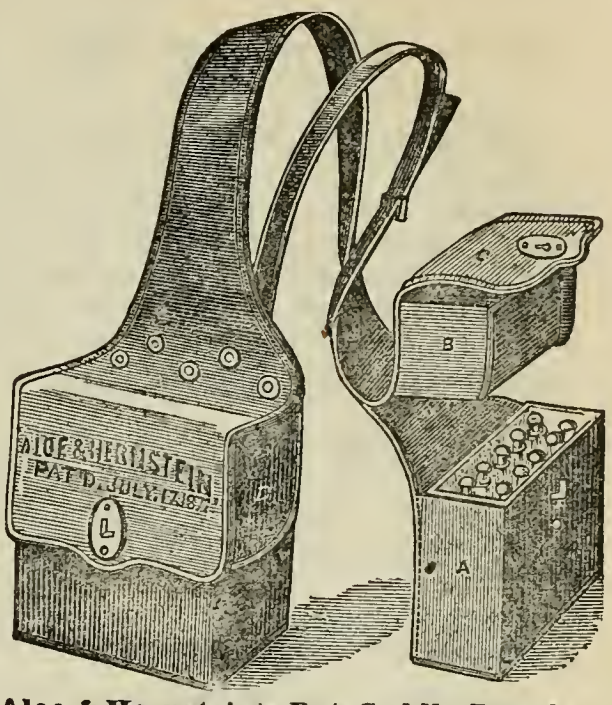

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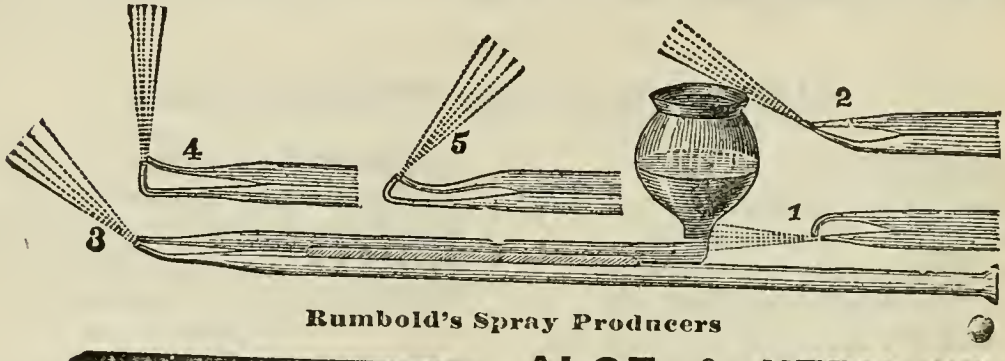

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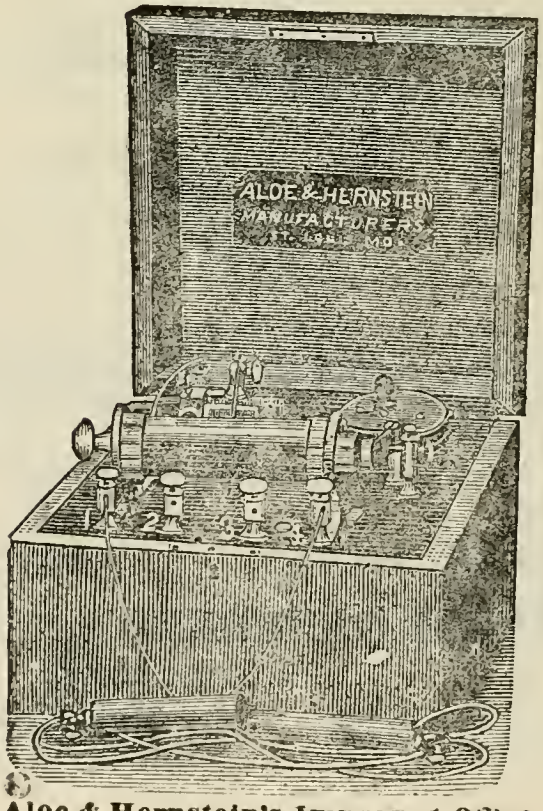

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Vol. XLI. NOVEMBER 1881. No. 5.

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Article LXI.

NOTES OF CASES IN GENITO-URINARY SURGERY.

—Case No II.—

Stricture of the penile Urethra.—Stricture of large Calibre at the Bulb.—Severe Prostato-Cystitis.—Passages of Blood by the Urethra.—Deep Internal Urethrotomy.—Strong Injection of Nitrate of Silver.—Cure. By W. Hutson Ford, M. D., of St. Louis.

Dec. 30, 1876. Mr. H. of the State of New York, æt. 56, a man of large frame, but lax fibre and somewhat haggard countenance; contracted a gonorrhœa fourteen years ago, which ran into a gleet lasting twelve months. He never had any other venereal disease. A year since there was a recurrence of the gleet after immoderate sexual intercourse following several months continence; this passed away nearly altogether. About a month ago he began to feel pain at the neck of the bladder and in the glans penis during and after micturition, which became abnormally frequent; he had to rise three or four times at night and could only hold his water for about an hour and a half during the day. The urine was quite *bloody* at times; at the close of micturition sharp pain was felt at the neck of the bladder. The urine was heavily laden with pus. There was marked hesitancy in the contraction of the bladder and occasional arrests of the stream of urine. Under triticum repens and laxative mineral water he improved a little. He could not make the "*coup-de-piston*".

Occasional Hæmaturia

Dec. 31. I saw him first to day. A 20 F. Jacques catheter had been passed into the bladder. Examined for stone with Thompson's searcher; no stone could be detected. The manipulations caused considerable pain, the urethra being exceedingly sensitive. Ordered nightly warm by-baths: triticum repens with alkali; anodyne suppository at bed-time. Friedrichshall water in the morning.

No Calculus

January 2. 1877 Examined with bulboric bougie. B. B. 26 ar-

rested at three-quarters of an inch down with much smarting and some difficulty to the bulb.

Internal Urethrotomy of the Penile Urethra.

The urethra was at once divided on its floor to a calibre of 37 F. for a distance of two inches from the meatus, which was simultaneously incised to the same size, with Otis' dilating urethrotome. No hemorrhage of any consequence occurred. The urine was tolerably clear, odorless, with a marked creamy deposit of pus after standing a little while, and of strongly *acid* reaction.

Jan. 13. c. s. 32 has been passed every alternate day. The use of Bethesda water containing citrate of potash has much improved the condition of the urine, which however, still contains about a drachm of pus in six ounces. He rises three times at night, but can hold his water for five or six hours during the day. It was decided to divide the bulbo-membranous contraction to day by internal urethrotomy.

Partial persistence of the Symptoms.

B. B. 26 fails to pass through the contraction at the bulb. Thompson's Searcher again failed to detect any stone in the bladder. (There has been no bloody urine since the anterior stricture was divided.)

Internal Urethrotomy at the Bulb.

Otis' curved urethrotome with the blunt edged knife fixed at eight inches from the handle, was passed through the stricture, which could be felt to yield as the knife passed through it. The instrument was then screwed up to 42, and the knife withdrawn for two inches, cutting on the roof of the urethra. The urethrotome being unscrewed the knife was pushed down into its concealed channel, and the instrument withdrawn. c. s. 32 made for this case with special curvature was now passed into the bladder, without meeting any obstruction and retained for twenty minutes. On its withdrawal, a few drops of blood only, escaped from the urethral orifice. Ordered; recumbency, cold applications to the perineum, and a suppository of opium, camphor and belladonna.

Jan. 15. There has been no hemorrhage worth mentioning. He held his water last night for ten hours. c. s. 32 passed to-day. He is astonished at the size of the stream of urine.

c. s. 32 passed.

Jan. 23. A certain amount of cystitis still lingers. System-

atic washings of the bladder are begun to-day through a Jacques soft catheter introduced upon a stylet.

Jan. 31. The amount of pus in the urine has steadily diminished so that there is now barely a deposit of it. He gets up but once a night. There is no pain nor discomfort about the urinary organs.

Feb. 8. Has had a notable increase of the amount of pus in the urine; but no blood is passed. Micturates every hour or two day and night. The washing has been done twice daily; he thinks he has used the water too hot.

It was determined to try Richardson's (of New Orleans) method of strong injections of nitrate of silver for obstinate cystitis.

Accordingly after washing out his bladder, this morning two ounces of a solution of nitrate of silver of the strength of twenty grains to the ounce, was injected, and left in the bladder for one minute. A suppository was then passed into the rectum and the patient seated in a hot sitz-bath. The pain and tenesmus were at first quite severe.

Strong Injection of Nitrate of Silver.

Feb. 10. Had a smart exaltation of the bladder symptoms with copious passage of glutinous muco-pus, as a consequence of the injection. The bladder is now washed out night and morning without passing a soft catheter into the bladder. Slept well last night, without a suppository, rising to urinate but three times.

Feb. 11. Urinated only twice lost night. c. s. 32 passed easily. Feels better altogether. Continues bladder washings.

Feb. 13. Continue.

In conjunction with the washings twice a day, he was submitted to a course of Turkish baths, taking one twice a week. Takes a cholagogue pill twice a week for a short time. Continues the use of pareiva-brava with citrate of potash, some time before prescribed for him, taking fluids in moderate quantities, in order to avoid the bladder irritation attendant upon very dilute urine and frequent micturition. By the 26th. of February the urine was quite normal in appearance and reaction, he was quite well in all respects and did not have to rise at night to pass waterat all, or only once. He continued to improve in general health, and

Final Complete Recovery.

I heard from him a year afterwards, when he stated that he passed his sound regularly as he had been advised, and remained wholly free from his former bladder troubles. We observe that in this case a section of the anterior contraction did not relieve or relax the contraction at or just beyond the bulb (the bulbo-membranous junction). This latter stenosis cannot therefore be attributed, except *partially*, to *urethrismus*, which is I believe present to some extent, in all such cases, constituting indeed a primary condition itself of reflex origin, capable of inducing the formation of true stricture at the urethrismic point.

ARTICLE LXII.

THE TREATMENT OF EXTROPHY OF THE BLADDER. WITH SOME HISTORICAL NOTES AND GENERAL CONSIDERATIONS AND AN ACCOUNT OF A CASE. By DAVID PRINCE, of Jacksonville, Ill.

Plastic surgery requires a good conception of the means necessary to secure desired changes of form, and this conception must become well matured before it is put into practice; because from the nature of the case, the modeling cannot often be done over again. There is also required the most careful management of the attending wounds, in order to preserve the vitality of flaps and to secure their union in the new positions in which they are placed. To this end it is necessary to keep their nutritive action as near the physiological state as possible. Freedom from motion is the first condition. Freedom from contact with the septic influence of the atmosphere is the second condition. The early and frequent removal of the exudations in anticipation of their decomposition or afterward, through the failure of the first two conditions, is the third. When the first two conditions are complete, with the best results, the third has no place for there is nothing irritating to be removed.

For the first condition there are plasters and sutures with fixedness upon splints and quietude of the whole body.

For the second, a blood-clot dried in the open air, the dessicated exudations of lymph, the superposition of plasters and cot-

ton, gauze or other material to defend against septic influences while the drying influence of atmospheric contact is permitted. All these coverings may be increased in their efficacy by a coat of varnish over the blood clot or the dried crust of lymph (in what is called the *open air dressing*) by carbolic acid 10 per cent. in oil by dry salicylic acid, and by salicylic acid infiltrated into cotton.*

For the third condition the irrigation and the bath are indicated. These may be of water, pure or medicated with salicylic and carbolic acid.

It is one of the objects in publishing the case detailed in the following paper to give an account of the development of the utility of these agents in wounds in which the realization of the first two conditions cannot be anticipated or in which they fail from any cause. Where there is a strong probability of the failure of the first two, the third should be put into execution as a primitive measure, before any mischief has occurred from the failure of the others. This probability of failure exists in all complicated wounds, involving a large extent of surface in parts not abundantly supplied with blood.

Prof. Erichsen of University College, London, speaking of extroversion of the bladder says:—

"The malformation is incurable. Operations have been planned and performed, with the view of closing in the exposed bladder, by plastic procedures, but they have never proved successful, and have terminated, in some instances, in the patient's death. They do not, therefore, afford much encouragement for repetition."†

The following description of this deformity by John Wood of King's College, London, is brief and explicit. "In both sexes the pubic bones are widely separated. The symphyseal projection can be felt under the integument on each side of the genital organs. In both, the hinder wall of the bladder is seen as a red, vascular projecting tumor often ulcerated and discharging muco-purulent fluid and blood, and surrounded by a cicatrix which above is blended with and obscures the umbilical mark. In the male, the penis is usually completely epispadiac, with the

* Dissolve 100 grames of salicylic acid in two quarts dilute alcohol. Place in a jar 900 grames of cotton in the form of batting. Pour over this the alcoholic solution of salicylic acid.

After several days remove the cotton and dry it. Preserve for the dressing of wounds where atmospheric filtration is desired.

† Erichsen's Surgery. American Edition 1859, p. 857.

urethra open along its entire length. The corpora cavernosa are stunted, and fail to cover the urethra above, and they are connected below by an imperfect corpus spongiosum forming the lower part of the urethra. The glans penis is grooved above by the urethral gutter, but perfect underneath and is provided with a frenum and an abundant but split prepuce. The stunted penis is placed flat against the lower part of the bladder, usually covering by its roots the orifices of the ureters. The scrotum is perfect and contains the testes, and often an oblique inguinal hernia or a small ventral hernia is present.

In the female, the clitoris is split and the anterior commissure of the labia minora are wanting, exposing more completely than in the male, the orifices of the ureters and laying open the urethra. The normal os uteri can be seen in the vaginal groove.*"

In 1869 Mr. Wood had operated in eight cases. Three methods were employed by him.

First. Two lateral flaps were taken from the sides with their bases toward the groins with their raw surface touching the mucous membrane of the bladder—the success was imperfect.

Second. One reversed lateral flap in combination with a smaller reversed umbilical flap, both turned with their cutaneous surfaces toward the bladder and covered by another larger lateral flap placed with its raw surface upon the exterior raw surface of the two reversed flaps.

Third. A large umbilical flap turned down with its cutaneous surface toward the bladder extending as far down as the root of the penis, covered by two lateral flaps from the groins with their bases toward the penis, scrotum and thigh and united in the median line over the umbilical flap and with their raw surfaces in contact.

He adopted this third procedure in his last five cases, in each case covering the entire bladder by one operation.

In the last two cases, a preputial covering was made by dissecting the skin of the scrotum and implanting it upon the penis previously peeled of a strip of integument on either side

* *Medico Chirugical Transactions*, Feb. 9, 1869.
Lancet, Feby. 20, 1869.
American Journal of the Medical Sciences, April, 1869, p. 551.
Half Yearly Abstract, July 1869 p. 193.

of the fissure, in order to get a line of adhesion. With regard to the hairs which became covered by this inversion of integument it is said by Wood, and by Pancoast of Philadelphia, that they finally disappear in the continual bathing by urine.

It is said that nitric acid taken by the mouth aids in cleaning the hairs and the surfaces from phosphates.

Richard, a colleague of Nélaton, is said to have operated in 1853. A central apron having been turned down, the raw surface of which was covered by a flap from the scrotum. The patient aged 24, died on the 9th day from peritonitis. In 1863, Mr. Holmes had operated five times.

Extrophy of the bladder has been treated (*Boston Med. and Surg. Journal* January 1876), by Dr. Henry J. Bigelow by the obliteration of the mucous membrane in order to get rid of the sensitive surface. For this purpose the mucous membrane is dissected up and integument is drawn over to cover the denuded surface. No attempt on this plan is made to form a pouch over the orifice of the ureters. A case is reported illustrated by lithographs.

Dr. F. F. Maury (*American Journal of the Medical Sciences* July 1871, p. 154) has practiced the expedient of elevating the skin of the anterior portion of the scrotum to cover the imperfect bladder. A hole is cut in the base of the scrotal flap through which the penis is thrust. The raw surface of the flap is left exposed to the air to heal by granulation. Two cases reported were successful.

What Wood calls his third method aided by the elevation of a portion of the scrotum are probably the best expedients for most cases.

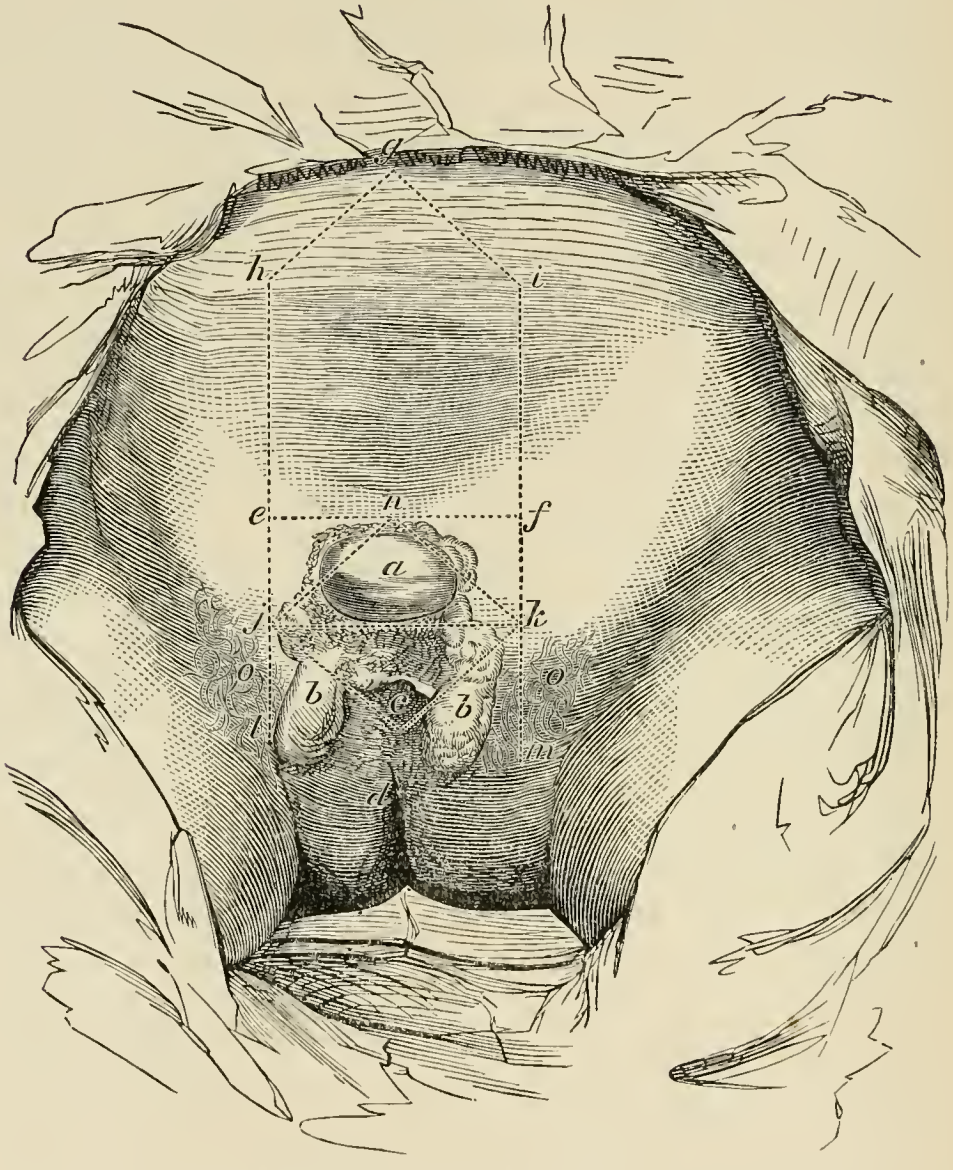
In 1858, a very successful operation was made by Dr. Daniel Ayers of Brooklyn N. Y. an account of which is here copied in some detail from a pamphlet of date 1859 and from *Virginia Medical Journal* January, 1859.

Fig. 1 illustrates the nature of the deformity, and the plan of the operation.

a. The posterior wall of the bladder, continuous with the abdominal parieties (there being no anterior wall for the bladder) one inch and a quarter by two inches, and longer when standing.

b, *b*. Nymphæ, or labia minora, separated wide apart.
c. Orifice of the vagina.
d. Anus.

Fig. 7.



Dr. Ayer's Case of Extrophy of the female bladder. Operation 1858.

e. *e*. Labia majora. There was no trace of urethra or clitoris. There was a deficiency of the symphysis of the pubes, leaving the mons veneris without its natural osseous support, and causing the thighs as shown in the cut, to stand apart in front to an unnatural degree.

The patient, 28 years old, had borne a child at maturity;

and had become afterwards afflicted with procidentia of the uterus, which appeared externally.

PLAN OF THE OPERATION.—A flap of the integument upon the anterior wall of the abdomen, was dissected from above downward corresponding with the figure, *e*, *h*, *g*, *i*, *f*.

This flap was doubled upon itself, so that *h*, came to *j*, and *i* to *k*, in order to attach the borders *e*, *h*, and *f*, *i*. The triangle *h*, *g*, *i* would thus make that of *j*, *e*, *k*, but instead of this, it was turned up to make that of *j*, *n*, *k*. Thus, the bladder had for the time, an anterior covering made of two layers of the same flap, the raw surfaces facing each other. A wide opening was thus left below, for the escape of the urine, to avoid urinary infiltration, and to afford room for swelling. The integument, on the outside of the line, *j*, *e*, *h*, *g* and of the line *k*, *f*, *i*, *g* was then cut under, and made to glide to the median line, so that the line, *j*, *e* came to the line, *j*, *n* and the line *k*, *f* to *k*, *n*, the borders of the triangular portion of the flap which had been turned up, and the lines, *e*, *h*, *g* and *f*, *i*, *g* were made to meet in the median line. Thus, no raw surface was left uncovered by skin.

The parts united, in great part by adhesion.

This operation was performed on the 16th. of November, 1858, and on the 7th. of December following, *i*, *e*,, after the lapse of just three weeks, the patient submitted to the second and final operation.

The lower triangular flap, *j*, *n*, *k* was dissected from the recent temporary attachments both lateral and deep, and turned down over the vulva as indicated by the dotted line, *j*, *e*, *k*.

Two incisions, *j*, *l* upon the right side and *k*, *m* upon the left were next carried from the external angles of the triangle, perpendicularly downward, just on the outside of the nymphæ. The integument on the ontside of *n*, *j*, *l* upon the right and *n*, *k*, *m* upon the left, was freely cut under, until these two lines could be made to approach each other, and coincide in a line drawn from *n* to *c* which was continous with the cicatrix previously established from *g* to *n* occupying the linea alba. The labia majora were thus made to approach each other, and the nymphæ were concealed.

A space was left for the urinary canal, which would admit

the little finger, and the new-formed urethra was an inch and a half in length.

During the operation, torsion and ice were applied to several arteries which bled freely, after which the flaps were confined in the median line by interrupted sutures the most inferior one at *l* and *m* being made to include the point of the triangular flap *c*. The space between the sutures, was covered with patent lint soaked in collodion, and the labia majora were covered with strips of muslin saturated with collodion, the whole dressing being retained by threads of suture-silk, laced across in front. Adhesion was nearly perfect.

After a year's time, it was found that the weight of the abdominal contents, in the erect posture, caused the anterior fold of the vagina, alone, to descend a short distance, forming a pale œdematous tumor of the size of an "English Walnut." The anterior fourchette of the vulva remained firm and resisting and a perforated rubber pessary, introduced into the vagina retained the parts in position.

T. Holmes, in 1863, had operated five times; one flap from the groin everted and covered by a flap from the opposite groin. This is said to have been the plan of Wood in some of his earlier operations.

Barker of Melbourne, Australia, is reported as having operated. A flap from either side was made to glide over and meet in the median line; the raw surface being left to heal by granulation.

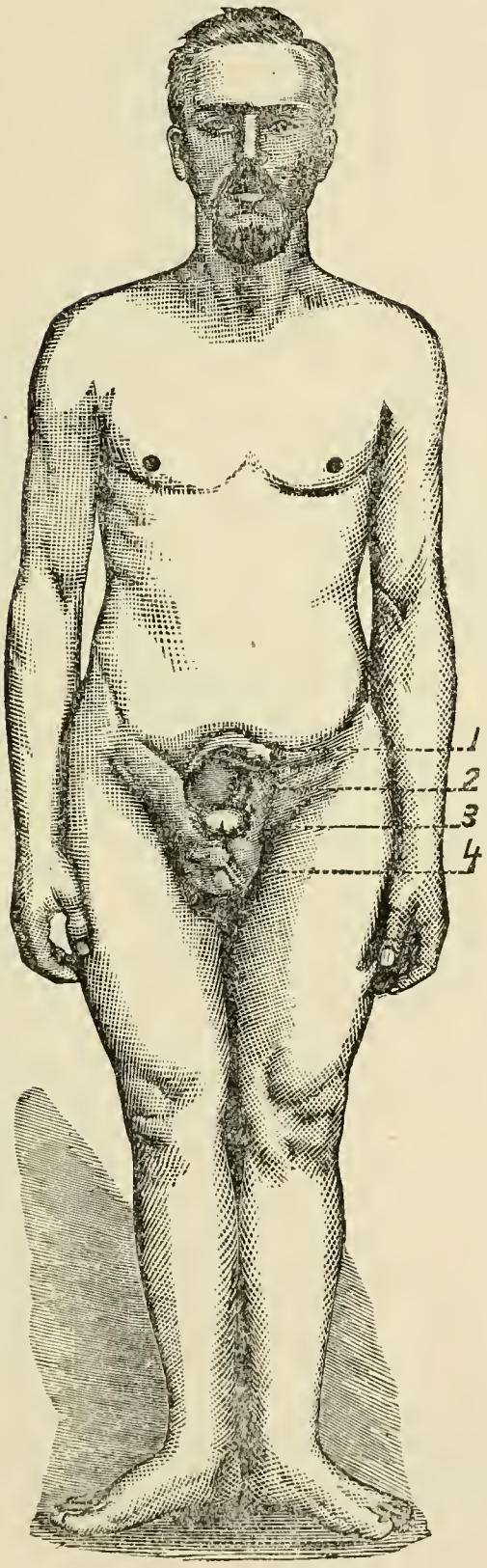
CASE.—Wm. St. John, aged 25, of stout build and in good generalhealth is an opium eater, taking an ounce of laudanum at a time and two ounces in twenty-four hours. He has congenital extrophy of the bladder and epispadias with shortening of the penis so that the expansion of the corpus spongiosum in the glans is nearly all that appears.

The symphysis of the pubes is absent and the penis seems to lie between the pubic bones of the two sides.

The transverse diameter from trochanter to trochanter is 26½ inches and the appearance of the pelvis is like that of a woman.

The anterior wall of the bladder is absent, and the posterior wall fills an opening in the median line two and one-half inches (75 mm) in diameter. There is no umbilical mark. The mucous

Fig, 8.



Wm. St. John.

1. The junction between the the mucous membrane and the skin above.
2. The eminences at the exit of the ureters on the mucous surface.
3. The glans penis.
4. The Scrotum showing numerous scars from old ulcerations occasioned by the irritation of urinary contact,

surface is convex, as if protruded by the pressure of the intestines from behind, and is exceedingly sensitive to touch.

The little projections of the ureters are seen sometimes spirting small streams of urine and sometimes oozing a sluggish diminutive flow.

On account of the spirting of the urine, the patient has invented a plate to be worn in front to admit the stream and direct it downward.

The prepuce and the frenum are developed, as well as the testicles and the scrotum, which latter is thickened by the constant irritation of urine. There is no hernial protrusion in either groin.

The preparation for the operation consisted in a cathartic the night before, ten grains (.65 grms.) of sulphate of quinia in the morning with one ounce of laudanum (32 c. c.) and two ounces of whiskey and the addition of a hypodermic injection of $\frac{1}{3}$ gr. (.022 grms.) of morphia at the time of beginning the etherization.

The operation was made Dec. 8, 1874 according to the third method of John Wood.

A large apron was dissected from above downward and turned over with its raw surface anterior and outward. The exposed mucous surface was completely covered by this flap.

A flap was then dissected from each inguinal region with its attached base downward. These flaps were brought to meet in the median line where they were retained by sutures.

The raw surfaces were freely bathed in ether for its supposed influence in favoring union by the first intension.

The extensive raw surface above was dressed with ground slippery elm bark.

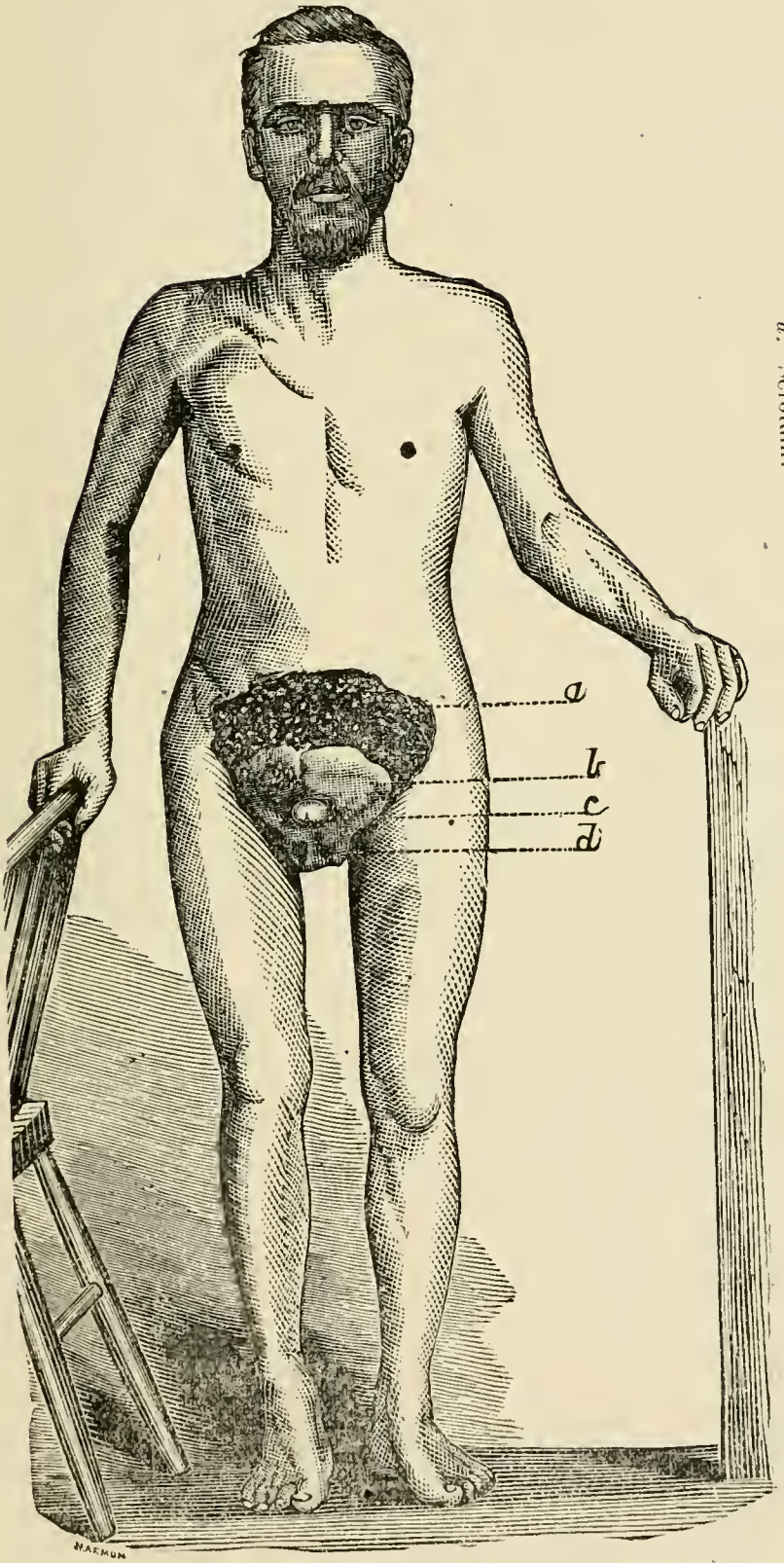
On the 2nd. day the dressing was done in a bath and repeated each day in the bath in which the patient remained during his pleasure; the temperature being regulated according to his sense of comfort.

The amount of laudanum had to be greatly increased the patient taking from 4 to 6 ounces each day.

On the 10th. day he was well enough to sing.—On the 12th day the adhesion was found to be perfect the sutures having been removed except a single silver wire remaining on each side.

The first dressing was made with slippery elm but alterna-

Fig. 9.



a. Granulating surface speckled with skin grafts.
b. Flap united a little to the right of the apparent median line.
c. Glans penis.
d. Scrotum.

tions were made with oxide of zinc until the zinc oxide was given the preference. The zinc was never removed until lifted up by the pus accumulated beneath so that it could be easily detached.

Dec. 23 the 15th. day. Forty skin-grafts were applied.

Dec. 26. Seventy-nine grafts were planted and the laudanum was reduced to two ounces a day.

Feb. 3. the 26th. day the patient stood for his photograph (Fig. 3). Fifty-one grafts were implanted. The patient has completely recovered from the depressing influence of the operation.

Feb. 19th. 42nd day. A second operation was performed in order to lengthen the apron covering the bladder, by an attachment brought up from the scrotum.

The dissection was carried sufficiently into the groins and a notch was made under the penis in order to enable the flap to rise readily into its position. It was attached above by a tongue and groove suture, a tongue of the upper margin of the scrotal flap passing into a groove made in the lower margin of the apron made by the first operation.

The trial of this expedient recommended by Dr. Ashurst, and practiced by him in some of his operations, has not afforded inducement for its repetition. It is generally the case that plane surfaces can be brought into more perfect contact than those which are irregular.

A considerable constitutional disturbance followed this operation the pulse rising to 116 and the temperature to 101°F.

The experience in the use of the bath acquired after the first operation led to its more protracted employment. At the end of 36 hours after, the operation he had been 32½ hours in the bath.

The following table shows the amount of time spent in the water on succeeding days.

3rd.	day	.....	18 hours.
4th.	"	.....	14 "
5th.	"	.....	14 "
6th.	"	.....	14 "
7th.	"	.....	18 "
8th.	"	.....	22 "
9th.	"	.....	16 "
10th.	"	.....	15 "
11th.	"	.....	16 "
12th.	"	.....	15 "

After this date for many days the average time in the water was 12 hours from 9 A. M. to 7 P. M. the nights being spent in bed. An automatic irrigation with weak carbolized water was arranged so as not to require constant attention.

Some sloughing occurred in the scrotal flaps and for the purpose of closing it, the third operation was made Feb. 24th, the 75th day. On the 27, or the 3rd day from this operation he had been 50 hours in water.

Not much constitutional disturbance followed but some additional sloughing occurred.

March 7th. or the 89th day, he was sitting up. March 22nd. or the 104th day, the fourth operation was made to close the fistulous opening in the scrotal flap occasioned by previous sloughing.

No union by adhesion followed this operation, but a good result was finally obtained by the repeated introduction of plastic pins for sutures.

April 1st. the 117th day. The granulation and cicatrization subsequent to the fourth operation have produced a greatly improved condition.

The testicles are supported by a scrotum of greatly reduced size so that they are much less in the way of the urinal which he now wears with much more comfort than before the operation. His urine is now entirely collected while in the erect posture.

The cicatrization is not yet complete over the portion of the abdomen from which the great central flap was taken in the first operation.

It was found impossible to reduce the supply of opium to any great degree while under surgical treatment, and he continued to take as an ordinary daily supply, two fluid ounces of laudanum.

During the greater part of the time he took daily in one dose a drachm of tincture of chloride of iron combined with ten minims (.65 c. c.) of nitric acid taken in a glass of water.

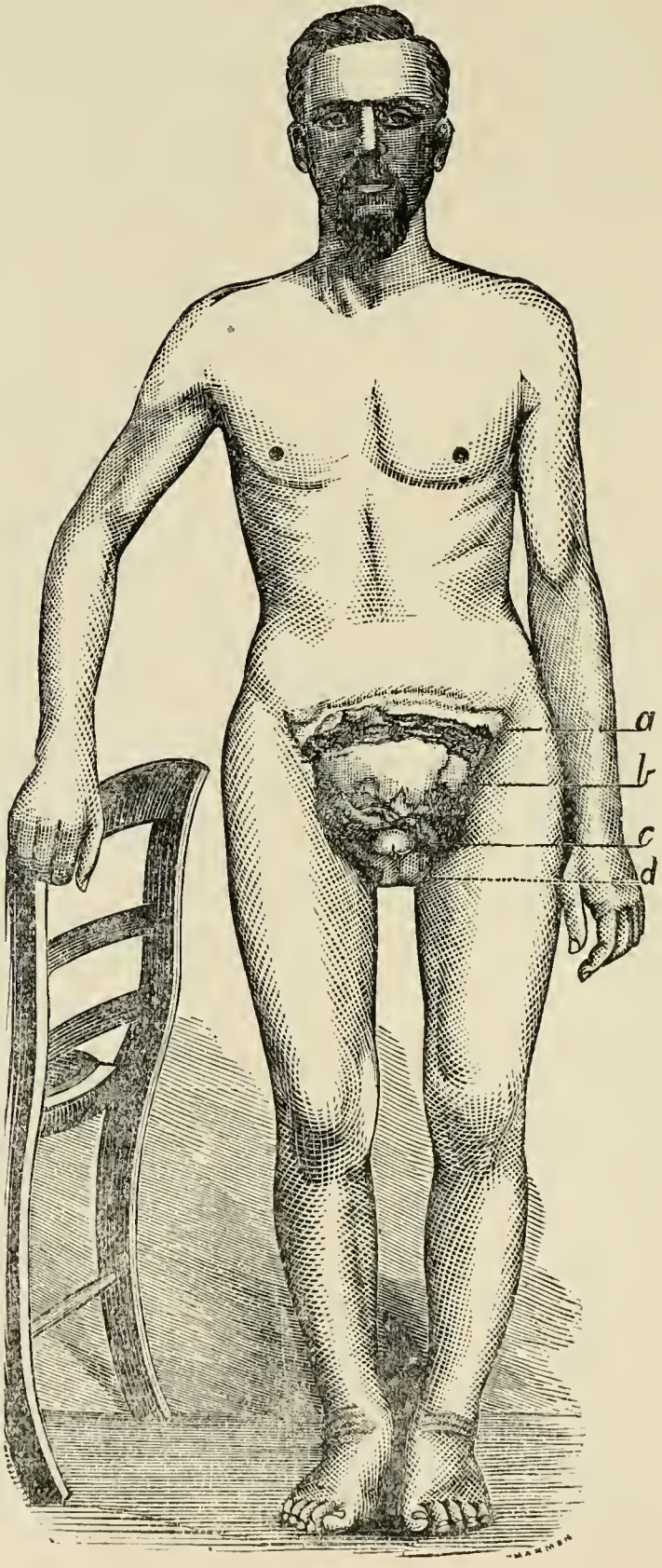
Quinine was freely employed during the greater part of the time of treatment. He went home in greatly improved condition. One of the most important advantages which he has derived from the series of operations is the protection of the delicate mucous membrane from injury by his clothing.

Fig. 4 illustrates his condition at the close of treatment.

The use of the bath after complicated wounds is further exemplified in a report made to this Society last year and afterward published in the ST. LOUIS MEDICAL AND SURGICAL JOURNAL (Jan.—May, 1881.

This report is also published and sold by Lindsay & Blakiston, Phila. as a pamphlet of 50 pages.

Fig, 10.



a. Cicatrix.
b. The flap forming the anterior covering of the bladder.
c. The Glans penis.
d. The scrotum reduced in size by the transfer of a portion of its integument to its new position above the diminutive penis.

Article LXIII.

Note on Chloral and Bromide of Ammonium in Febrile Delirium. By C. H. Hughes, M. D. of St. Louis.

An extensive experience with these therapeutic agents, in the delirium of fever, justifies its confident commendation to the practitioner of medicine; an experience begun many years ago at Fulton, with their use in the delirium of mania and extended there and elsewhere to delirium associated with all other forms of disease from that of typhoid and the exanthemata to delirium tremens and aggravated hysteria. In fact, no drug in hysteria equals a full resistless hypnotic dose of chloral, the patient usually awaking from her "tantrums", refreshed, rested and tranquil in her nerve centers which for hours before were all unstable and unstrung.

The true therapeutic principle in the use of these valuable agents is tranquilization and the recuperation and resistance to decay which the restraint, exerted by them, brings about. The ammonium bromides for use during the day, and the chloral once only at night. Twenty to thirty grains of the former, *ter in die*, and as small a dose of the latter as will induce sleep at night and largely diluted with water, milk or beef-tea, the beaf-tea being preferable in all typhoid states.

While large doses of chloral are indicated in maniacal excitement, in febrile delirium only small doses are required.

To periodically arrest cerebral disintegration in febrile delirium, at the natural time for sleep is a point gained each day in the direction of restoration as shown in the often apparent improvement of the patient after each waking, and enables the *vis medicatrix naturæ* to better fight the battle of life, with destructive disease.

The ammonium and sodium bromides too, when not carried to excess are restful and supporting, during the day, and not contra-indicated or incompatible with any other course of medication deemed proper to employ in the zymotic and malarial diseases. On the contrary they are especially indicated

where quinine is used and more assimilable than liquid bromine and more certain in quantity than the doses of the latter unstable and volatile mixture.

After the supporting plan of Graves who first fed fevers liberally with beef-tea, we know of no better auxiliary, after such specific medication as seems to be required in certain special forms of febrile disease, than moderate tranquilization by the least depressing of the bromides and chloral. The waste of brain tissue and the wear of nervous system is great in fevers accompanied with delirium, and it is rational to restrain activity within certain limits at least, by suitable calmatives and hypnotics. In fact, in all diseases, it is wise to imitate nature so far as may be practicable by promoting the regular sleep at the regular time of night. To what farther extent neurotic restraint should be carried in fever we have not determined beyond what has been above indicated. A certain limited amount of disintegration and elimination should be encouraged, perhaps, while at the same time the patient's strength should, so far as possible, be conserved.

Translations.

ARTICLE LXIV.

FROM THE FRENCH.

EXCERPTS FROM LATE FRENCH JOURNALS. [Translated for the JOURNAL.] By A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

ANIMAL MAGNETISM.—Baréty of Nice, in endeavoring to determine the power of this manifestation, had recourse to general procedures such as are used in the study of optics. He experimented with lenses, mirrors and prisms, and found that the neural force obeys exactly the same laws that luminous rays do, in the deviations produced by means of those appliances. According as the interposed bodies (between the source of neural power and the object experimented upon) can be traversed, like glass, or absorb the neural rays, like water, can be established a division of bodies into dianeural and non dianeural. According to the author, there are three kinds of rays, of this nature emanating from different sources: from the extremity of the fingers, from the eye and from the lung. The experiments in reference to this were made upon a young hysterical female, and it was by directing the neural rays upon her head, that the author made his observations.—[*Progrès Médical.*

TREATMENT OF EPITHELIOMA OF CERVIX.—In Italy, lately, the good effects of nitrate of lead, in the treatment of ulcerated cancer, have been noted. Dr. J. Chèron has applied it to the treatment of ulcerated epithelioma of the cervix. After cleansing the ulcer with charpie dipped in glycerine and injection of a litre of cold water containing five grammes of perchloride of iron, if any blood comes, as is frequently the case, the ulcer is dried with charpie or cotton-wool. The nitrate of lead mixed with lycopodium is then insufflated, and a tampon of cotton-wool

introduced, to keep the powder in contact. One part, by weight, of nitrate of lead is mixed with two of lycopodium.

Under this treatment suppuration diminishes rapidly and the bad odor disappears. After ten or fifteen applications the author has seen the engorgement of the culs-de-sac diminish and the general state of the patients very much better.—[*Revue des Maladies des Femmes.*

RAPID CURE OF EXSUDATIVE LICHEN RUBER.—Dr. Köbner observed a carpenter aged 39, who, since the end of February, 1880, suffered from a generalized pruritus more marked upon the back. From March 30th, to May 25, he took internally four grammes of Fowler's solution without any result. On May 25, he saw an exsudative lichen ruber appearing over the whole body. Five hypodermic injections (25th to 30th, May) of Fowler's solution produced a notable change for the better. The internal use of the same from June 1, to 28 was followed by insomnia and pruritus. From June 29 to July 16, subcutanoous injections of 2 grammes of the same solution were made. In three days the pruritus had diminished and the eruption became pale and disappeared. A complete cure was effected between three and five months.—[*Paris Médical.*

HYPODERMIC INJECTIONS OF WATER FOR THE VOMITING OF PHTHISIS.—Dr. Raymond Tripier employs hypodermic injections of *aqua fontis* to prevent the vomiting of food in phthisical patients. For this purpose he injects very cold water at the epigastrium before or immediately after meals. He has frequently seen vomiting which was persistent, in spite of all appropriate treatment, cease.

In the same manner, he has stopped the vomitiug of dyspeptics, notably that of women denominated "nervous" who cannot take morphia. It is essential in these cases not to let the patients become aquainted with the nature of the liquid injected. —[*Lyon Médical.*

TALIPES VARO-EQUINUS AND PLANTO-VALGUS IN THE SAME CHILD.—Jules Guérin presented a child having the left foot a pronounced varo-equinus and the right planto-valgus. Casts of the deformities were produced and the child, with the feet after treatment. The case was presented as a rare one in which two

varieties of talipes were found in the same individual and which doubly confirmed the theory of their cause and treatment. But to have complete recoveries it is necessary that proper manipulations and orthopædic appliances should be employed; the former as a method to gradually reduce the articular displacements and the latter as means of maintaining such reduction.—[*Bulletin de l' Acad. de Méd.*

DERMOID CYSTS OF THE FINGERS.—Dr. Rizet states that if dermoid cysts are rare in the hand they are almost unknown in connection with the fingers. Velpeau gave a good description of dermoid cysts of the hand in 1841. Broca noted four cases of lipoma of the dorsum of the fingers, Follin a single one; but surgeons are dumb in regard to dermoid tumors of the same parts. Nelaton is about the only author who has despribed one, of the right index. The author here details six cases all occurring on the fingers and examined carefully after removal to determine their precise nature.

The differential diagnosis is not given at great length, their slow production, absence of all crepitation, of pain and of any opening, the rounded form, without projections and without pulsation, and the knowlege that subaceous cysts are never present in the palmar region, will afford sufficient data.

Treatment consists simply in making an excision and enlarging it if there be any indications so to do, to detach deep adhesions. Reunion, generally, takes place rapidly and without suppuration.—[*Gazette des Hôpitaux.*

CHARACTERISTICS IN SKIN DISEASES IN THE OLD.—M. Guibout having considered the character of skin diseases in children, turns his attention to the same in old age. In the old, growth no longer exists; there is but one thing to do, to resist disintegration; to retard, as much as possible, the tendency to dissolution. Everything is faded, blighted and cold. The organic fire are slumbering; respiration is badly performed through bronchi obstructed by the muco-purulent products of an habitual, chronic catarrh. Too often, emphysema, or old pulmonary lesions restrict respiration already bounded by narrow barriers. The orifices of the heart are retracted or insufficiently closed; the veins dilated, varicose. The arteries, atheromatous, almost ossi-

fied, have lost their elasticity; and the skin, thin, wrinkled, like parchment is also devoid of elasticity. It is dried up, the sudorific and sebaceous secretions having ceased to appear. It is a sterile, ingrate soil incapable of becoming inflamed.

The changes of the seasons have no influence; true exanthemata become rare. The sun can dart his hottest rays, but can produce neither erythema nor erysipelas. The old have hardly any other than an erythema of a very bad character, a prelude to disorganization and gangrene.

As to erysipelas it is never clean and inflammatory; when it is *d'emblée* it reduces the strength and brings on a general low condition; it is erratic, of a livid aspect and inclined to be covered with sphacelated spots.

The skin of the old, without vitality and without any force to react cannot resist cold, and is immediately gangrened without passing through that special inflammation known as *erythema a frigore*. This depression of vital forces, and alternation of physiological functions, has received a special name—it is a cachexia and the old are the victims of the most pemicious of all —senile cachexia.

The characteristics of cutaneous affections in the old are three:

1. They are *ulcerative*; they bring on more or less rapdily, the destruction and disorganization of cutaneous tissues.

2. They are *atonic*, this is a peculiar and distinguishing feature. When an ulceration takes place in a child's skin, the repair is rapid. In the old, on the contrary, the skin already disorganized, cannot furnish materials for repair; cicatrization of cutaneous lesions is very slow, difficult, ofttimes impossible from a deficiency of the necessary organic elements;

3. They are remarkable for their *Chronicity*. As much as the work of repair is active, almost acute in the adult, and eminently in the child, so much the slower and more torpid is it in the aged. Generally ulcerations remain in *statu quo* which is trying, when they do not extend.

The cachectic cutaneous affections of the old are confined, as a rule, to the lower limbs and are six in number.

1. Pemphigus of a chronic type; its duration is indefinite. There is generally but one bulla, which is constantly reproduced.

2. Rupia manifests itself in larger flattened crusts surrounded by an ulcerated circle which tends to extend by gangrene. A sanious fluid of marked fetid odor flows and may rapidly destroy the skin.

3. Prurigo does not disorganize the skin. Born of a cachexia it becomes a new cause and an aggravation of it and precipitates a fatal termination.

4. Purpura is chiefly seated in the lower limbs; its red spots have not that high color seen in the child. They are dusky and pale and persistent.

5. Ecthyma shows its grey pustules, leaving behind it thick, large crusts and beneath a surface deeply ulcerated; its duration is ordinarily very long.

6. As to ulcers of the legs, they are too well known to need more than a mere passing mention.

But it is not to be supposed that all old persons have such characteristic lesions, for there are many in whom, despite age, vitality is still high and general health vigorous.

The syphilitic, herpetic and scrofulous diathesis manifest themselves, in a pathognomonic form, in the old,

In regard to primary lesions, those denominated "dry" develop themselves in the skin of the old. Psoriasis, which although possessed of great activity still finds a very poor soil and is dwarfed and altered. The prognosis of skin affections, in the old must always be grave. Treatment must be tonic, nourishing. The general health must first of all be sustained. In regard to local applications, they must be stimulating, in a word, life must be re-awakened where it has so long slumbered or even perhaps disappeared.—[*Ibid.*

EXPERIMENTAL TUBERCULOSIS.—Dr. Bennett in speaking of the inoculation of tuberculosis does not think the experiments very trustworthy. He, in common with other observers, has found that inoculating with foreign bodies other than tubercle causes very often tubercles in the lungs of rabbits. He inoculated seventeen young rabbits—seven with cancer, six with simple pus and six with tuberculous matter. Fourteen became tuberculous; of these six had been inoculated with cancer, three

with pus and five with tuberculous matter. The remaining five recovered.

Cancerous matter in these experiments produced tubercle as often as tuberculous, which would tend to show that the matter inoculated merely acts as a foreign body, determining an inflammation, the cause of the tuberculosis. Pus being more easily absorbed, produces lighter inflammation and consequently less frequently tuberculosis.—[*Ibid.*

TREATMENT OF SKIN DISEASES.—The following are a number of formulæ employed at l' Hôpital St. Louis:

Acnè pilaris.—This form of acne often develops on the forehead, near the hair, and somewhat resembles eczema. A lotion as follows:

Flowers of Sulphur	2 parts
Alchohol	1 "
Water	3 "

is applied at bed-time. At each meal a half-teaspoonful of bicarbonate of soda in water is to be taken; and alkaline baths.

Acnè facialis.—The following is to be painted over the affected parts, every evening:

Water	10 parts
Spts. Camphor	3 "
Precipitated Sulphur	1½ "
Glycerine	1 "

General treatment must be attended to, iron preparations being indicated and tar water.

Psoriasis.—Apply with a brush on the patches:

Water	100 parts
Pyrogallic acid	1 "

and take a vapor bath each week.

Pityriasis Versicolor.—Take two baths each week and while in the bath, rub vigorously with a piece of flannel upon which a thick layer of sapo viridis has been previously spread.

Eczema Genitalium.—This form (dry) of eczema, often very rebellious, can sometimes be advantagously modified by the following treatment: It consists in washing the parts, morning and evening, with luke-warm water, wiping dry and covering with powdered starch. Internal treatment has very little effect upon this form.—[*France Médicale.*

TREATMENT OF LUPUS.—Dr Schiff has successfully employed a method highly spoken of in Germany, which consists in touching the nodules with iodine and glycerine. Auspitz recommends puncture of the nodule with a wire dipped in the preparation (one of iodine to two of glycerine.) Schiff suggests a rubber pipette to which is attached a small trocar—hypodermic needle—filled with the mixture.—[*Ibid.*

This method is mentioned in the second edition of Dühring's Treatise on Diseases of the Skin, p. 451, but up to the present but very few reports have been made in regard to the efficiency of this method.—(*Translator.*)

POLYPI OF THE NOSE.—Voltolini of Breslau, (*Revue Mens. de Laryngol., d'Otolog. et de Rhinolog.*) publishes the following conclusions, which we cannot accept without some reservations:

1. Operating on nasal polypi with forceps is a barbarous, painful method, contrary to nature and imperfect and which must yield to the wire loop; however, there are cases in which the forceps are indispensable.

2. The wire loop should be more generally employed; for if, in many cases, it cannot cure it is always preferable to the forceps and not only can the same result be always obtained but even better.

3. The wire loop alone will not always suffice and recourse must be had to the galvanic wire.

4. Rectilinear porte-caustics are insufficient and bent conductors must be frequently employed.

It is evident that when a wire loop can be employed, it has advantages over the old instruments. But for this purpose the polypi must be isolated, markedly pediculated, mobile and of soft consistence. If the nasal fossa are filled with polypi, if their base is large, and a little resisting in texture, the forceps is the better instrument. With the loop, extensive tears of the mucous membrane often result as formerly with the old forceps. Now more slender forceps can be used and frequent examinations made to observe progress and the ulcerations or pedicles can be touched with a slight caustic.—[*Jour. de Méd. et de Chirurg. Prat.*

PREDISPOSITION TO HYSTERIA.—Dr. Briquet in a very interesting and quite lengthy paper on this subject divides the predisposition as 1. By heredity; 2. Direct; 3. On account of some pathological cause; and 4. By menstrual troubles. In the first category, out of a total of 450 hysterical patients 180, or nearly one-half—had hysteria in their families. In the same number number (450) were 200 who had a more or less direct predisposition. Predisposition on account of some morbid cause the author has found in 47 cases and combined with heredity in 27. The predisposition having its origin in menstrual troubles is the least common. He found it in 60 patients. In 47 cases, simple; in 13 accompanied by heredity. The intensity of attacks in these different classes varied greatly.—[*Revue Médicale.*

PARTURITION DURING SLEEP.—M. Weill gives the history of a well-built woman of 23, delivered of a robust male child June 16, 1877 and whom she nursed eleven months. The labor lasted about an hour. Pregnant a second time she was delivered under the following circumstances:

She took a walk Sept. 5, 1880, until 11 P. M. and retired to bed; at 3 A. M. she awoke, feeling a desire to micturate. She arose, got over a vessel, gave a cry, called her husband and told him she was delivered and asked him to get a doctor. The author saw the woman ten minutes later. She was still in the same position; was carried to bed; no hemorrhage. The vessel contained the child (female), weighing about 10 pounds, and the placenta. The woman did well with the exception of a retention of urine lasting three days.

It is probable that the woman had uterine contractions which did not wake her, and that the desire to urinate was nothing but a strong contraction. The mother of this woman had a labor with the same attending circumstances.—[*Gazette Méd. de Strasbourg.*

ARTICLE LXV.

FROM THE SPANISH.

ALCOHOL AS AN ANTISEPTIC IN THE TREATMENT OF WOUNDS. By Dr. J. R. Sauri. [El Alcohol como Antiseptic en la Curacion de las Heridas. *La Emulacion*, Merida, Yucatan, July, 1881.] Translated for the JOURNAL. By JOSEPH WORKMAN, M. D., Toronto, Canada.

For many years past the treatment of wounds, especially of those demanding high surgical operations, has been the object of continued observations, the therapeutic result of which has well corresponded to the pretensions of the practice.

Recognizing in the atmosphere the principal, if not the unique, cause of the alarming aspect frequently presented by suppurating surfaces, whether from simple contact of air, or from the action of those microzymas or germs, whose abundant existence in the atmosphere has been demonstrated, it has been sought, by means of various apparatus, or by substances styled antiseptics, to secure the almost complete absence, or the neutralization, of the chemical or mechanical effects which, at the least, retard the cicatrization of wounds.

* * *

Being unsupplied in the state Yucatan with the indispensable requirements for a vigorous employment of the apparatus or appliances of Lister, I have been constrained, as charged with the direction of the wounds of surgery in the general hospital, to select among the substances accorded, some one which might, in my opinion, offer the best promise in the treatment of that class of wounds which are so often brought under my notice; and from a large number of collected observations, to be able to place, however summarily, before the reader some of the principal results; and it has resulted that alcohol, as an external curative, offers undoubtable virtues, which place it among the prime antiseptics to-day recommended by authors.

The use of this liquid is by no means recent, and therefore I

aim merely at a simple demonstration of the good results which it has given me, chiefly in cases of large solutions of continuity due to tearing off the arms by the machinery which takes off the filament of *henequan* (?), or by cars, which by their weight destroy the upper or lower limbs of persons who are engaged in such work, and who are wont to fall, sleeping or drunk, under the wheels of these vehicles.

Before entering on my subject, in order that the unfavorable circumstances by which I have been surrounded, in the treatment of wounds, may be understood, I may be permitted to describe the defects of this hospital, and the great reforms called for in behalf of the patients who enter it.

The building was constructed for a convent of Franciscan monks, and though modified a little in the last 18 years, it is not at all adapted to its present purpose. In the first place, its halls cannot, unless in violation of all hygienic propriety, lodge the increased number of sufferers who necessarily are placed in them, as well because no other hospital is found in Yucatan, as because its space is wholly insufficient to lodge more than 80 patients with adequate accommodation and conveniences. This will be better understood on knowing that the hospital consists of four departments; two for sick men and women respectively, and two for the insane of both sexes, so that it is truly crammed, and it is necessary to avail ourselves of every inch; it is impossible to separate or isolate the suffering inmates, when so required by the various classes of the wounded, and above all those who have undergone any severe operation.

It is borne in mind that though there are in Merida, batallions of the federal forces of the state, they have no hospital for their sick, and this renders still worse the condition of civilians, who are forced to receive and assist them for a miserable pittance. When we add to the causes of insalubrity the fact that the funds of the hospital do not reach $1,000 per month, to meet all occurring expenses, a remote idea may be formed of the ever increasing necessities of this asylum, and of the difficulties encountered in its administration. Efforts have indeed been made by the Directoral Junta and the different governments which have succeeded each other in the country, to remedy these evils, but for their prompt removal large sums would be necesssry, which at present are not possible to be given. It will not, in

view of these facts, appear strange that purulent infection has been very common in the establishment, so that up to the beginning of 1878, almost to a certainty the wounded and those operated on, succumbed in spite of all precautions taken to prevent a fatal issue. Such were the circumstances under which, in the beginning of 1878, we undertook the treatment of large wounds by alcohol as our chief efficient agent. Prior to this time we had limited its use to wounds of the scalp, and trivial wounds in various parts of the body. The number thus treated, and the success attained, proved to be of greater value than that obtained in civil practice in families, or in the country.

We have stated that we frequently receive in the hospital two classes of severe wounds; those caused by machines used in the chipping of henequen, and those caused by loaded cars. The former come from the haciendas, and the patients are presented to us for examination, from six to forty hours after the accident, the knives of the wheels moved by steam having sometimes cut off only the digital phalanges, sometimes the forearm, and sometimes the entire limb by tearing it from its articulation with the trunk.

Although in these cases the hemorrhage may prove fatal at the outset, the flow of blood generally does not pass certain limits, because of the consequent retraction of the vessels, aided by the strong ligatures which the fellow workers hasten to place over the wound. As relates to the aspect of the wound presented, it varies much, now presenting the bone separated on a level with the tissues, or these leaving it uncovered at a greater height, at varying extent, and again forming in their extremities some irregular rags, which usually favor the stump.

As regards the second class of wounds, they are presented with complications of comminuted fracture, tearing and extensive contusion of the soft parts; they are generally inflicted on the inferior limbs, on only one, or on both at once.

Almost always, in these circumstances, we had felt bound to have recourse to amputation, because of the grave disorder and mutilation in the textures.

* * *

Keeping in view what I have here said, I would now speak of the treatment by alcohol, which for some years past I had employed in small wounds, and which I consider highly useful

and now use in the large wounds to which I have referred, as the best means at our command in this state, and which I avoid only when a contra-indication exists.

Experience has shown me that alcohol, in contact with denuded surfaces, produces, for the moment, a sensation of heat, which is replaced very soon by a transient tumescence. It is observed that under the influence of this agent, the inflammatory state of wounds does not take place, or that it is reduced to the minimum of intensity. Besides it provokes and facilitates cicatrization, opposing in many cases the formation of pus or diminishing this morbid secretion when it is present. This last advantage, thus obtained, might alone suffice for its good name, since it almost certainly hinders the accidents of purulent and putrid infection, so fatal to patients. We do not speak with magistral authority; we merely desire to say that the observations gathered by us in the clinical halls of the general hospital, have furnished to us the basis of our judgment as to the manner of proceeding, whether in the dressing of wounds, or in deciding on amputation in those cases which seemed urgently to require it.

We should, however, observe that in some much contused wounds, which cannot be brought into due apposition, or in those in which suppuration appears or exists of a yellowish or orange color, and of viscid consistence, I abstain from the application of alcohol. Experience has shown me that in these circumstances purulent infection is imminent, and therefore I hasten to avert it by other means, as in the following case:—

I had in hand a case of tearing away of the fore-arm in its middle third, and desiring to preserve the rest of the member, I adjusted the wound as well as possible, applying alcohol at 26°; two days afterwards I was surprised by the appearance of a thick orange colored suppuration, in consequence of which I substituted topically some powders of cinchona, carbon, and camphor in equal parts, cleansings by decoction of carbolized cinchona, then sulphate of quinine and iron inwardly. In this manner I was able to save the patient, who is now completely restored.

(To be continued.)

Proceedings of Medical Societies.

Article LXVI.

ST. LOUIS MEDICAL SOCIETY.

Saturday Sept 10th 1881.

Dr. Dickinson.—A friend of mine, a physician in the city, sent me some time since a child two years of age. The mother observed almost a year since that this child began to move its head laterally—a slight rotation as if signifying something wrong with the neck. I speak of this to bring up the subject of cerebral localization. The physician in attendance thought that perhaps there was something the matter with its eyes and that was the special object of its commitment to me. I found nothing, however, to account for it. The child was quite tractable and admitted of an easy examination. The mother observed on one occasion that the nurse was disposed to frighten the child by some sudden surprise, and immediately after the occurrence of this the mother began to observe this rotation of the head. I couldn't account for it in any way except that the fright received exerted some influence on that portion of the child's brain which presides over the muscles of the neck. On Thursday morning last, happening to be at the depot I saw a man leading a little boy, probably five or six years of age, and I observed this same phenomenon with him, only to a much greater extent, but the child was evidently blind. This coincidence brought the two cases more forcibly to my mind. I have nothing more to say except that when I temporarily applied galvanism—the continued current—to the muscles of the neck it seemed to control —to stop this rotation, and then, when I took the pole away it began again in probably half a minute.

Dr. Lemen.—Did the child suffer any pain?

Dr. Dickinson.—Not the slightest. It never had any convulsions—nothing to which this could be attributed except the single circumstance of fright which the mother observed the nurse on a certain occasion to practice.

I should say however that the child has never articulated except a few words "pa" and "ma" and one or two other intelligible sounds or words. Other children who are one year old or even less indulge in more sounds than this one, although it is two years old.

Imperfect Development of Fœtus.

DR. GUHMAN.—Mr. President: Fourteen days ago to-morrow, I was called by a midwife to deliver a lady, and after an examination took it to be a breech presentation, and so it was, but the evidence necessary to satisfy us that it was a breech presentation was wanting, for we felt for the anus and couldn't find any. The baby was delivered and after examining the child I found that there was no anus. There was a scrotum about four inches long but there were no sexual organs of either male or female—no vagina and no sign of a penis. The left leg was three inches shorter than the right and there were no tarsal bones. The child looked like a Sea lion. The child had been dead, I suppose three or four days, as there was some gas in the abdominal cavity. There was no sign of a rectum, vagina, penis or anything except this long scrotum.

DR. HURT.—Were there testicles in the scrotum?

DR. GUHMAN.—I didn't feel them—there was nothing in it.

DR. ROWLAND.—Did you inquire whether the woman had been frightened during gestation?

DR. GUHMAN.—Yes; I did. She couldn't give any cause whatever. The child was well developed excepting this left leg.

DR. HURT.—You didn't preserve the specimen?

DR. GUHMAN.—I couldn't get the specimen.

DR. ROWLAND.—Did I understand that one of the legs looked like those of a Sea lion?

DR. GUHMAN.—Yes sir: that was on account of the tarsal bones being missing so that it was shaped exactly like a sea lion. There was a formation of the fleshy part of the foot but it was something in the shape of a sea lion.

Cutis Anserina.

DR. ROWLAND.—Mr. President: I saw a case a few days ago of some little interest to me and something which I had never

before observed, in fact it seems to be something new. An Irish girl who has been in this country about twelve months, consulted me with reference to a pain in her side which she said had existed off and on for twelve months. At least she said that she suffered with it almost twelve months ago. At that time she suffered with it for a month or six weeks at the end of which time she says she passed a large amount of pus from the bowels. The pain of which she complains is in the region of the liver and she says it was in that locality before and that she realized decided relief, in fact she was no longer troubled with the pain after the pus was discharged. I examined the side by measurement and by percussion and so forth, and it seems to me to be a case of muscular rheumatism. But the peculiarity to which I wish to call the attention of the society—a phenomenan of which I have never seen the like—is this: when I percussed the side she flinched, and I noticed on that side that there was a complete a perfect, development of what is termed cutis anserina. This however did not last quite a minute. In one minute this rough condition had disappeared. I examined her again, in fact I examined her quite frequently and every time I percussed in a manner to give her pain, this same condition would make its appearance, and in addition to that, there was some little perspiration. I noticed that after I percussed almost immediately there followed a roughness and after this had continued a moment, there seemed to be a disposition to perspiration. This is the matter to which I wish to call the attention of the Society. I have never seen anything like it. I might add that this condition of the skin came exactly to the centre of the spine and as far down as the nates and up to the neck, and over the shoulder on the right side.

Dr. Pollack.—Where do you suppose the pus came from?

Dr. Rowland.—I don't know. I never saw the patient until a short time ago. I have only heard her say so about it.

Dr. Dickinson.—Was the perspiration on the rigt side?

Dr. Rowland.—The same side. The perspiration was secondary. This rough condition of the skin would make its appearance first.

Dr. Mudd.—How do you explain the condition doctor?

DR. ROWLAND.—I don't pretend to explain it. I think it is a peculiar nervous influence. I am not satisfied about the facts. I have not studied the case up as I intend to. I wouldn't have mentioned it to-night if anything else had been on hand. There was a very slight discoloration of the skin on the corresponding side. There was a slight flush of the skin and then this thickening up. The perspiration would only make its appearance after prolonged handling and then was only slight. The first thing was a slight blush and in a moment the thickening of the skin—cutis anserina would make its appearance.

DR. LEMEN.—I should think the doctor's percussing that side irritated the nerves and caused the little muscles which control the papillæ to contract, causing that condition of the skin and then the relaxation of the muscles again caused the perspiration to follow. That is probably the explanation of it.

DR. ROWLAND.—No: You don't understand me. The first thing to make its appearance was the cutis anserina and by prolonged handling so as to produce pain—after the cutis anserina had been out for a minute—the perspiration began to show itself.

DR. LEMEN.—Well I think that would be explained the same way.

DR. DEAN.—It could be explained the same as herpes. Herpes is a disorder due to nervous influence.

DR. ROWLAND.—It observed the mesial line, gradually extending from the neck as far down as the nates. It was only yesterday I saw the case and have not examined it since.

DR. PREWITT.—Was the perspiration limited to one side?

DR. ROWLAND.—Yes sir.

DR. STEVENS.—It is a very common thing for perspiration to affect one part of the body. I have seen two or three cases. One case where perspiration occurred on one side of the head and not on the other. It is a common thing among opium eaters. How to account for it I don't know.

Echinococcus (?) and Polyuria.

DR. POLLAK.—Mr. President: Some three weeks ago I was called in consultation to a child which about 10 days before

passed a white mass of the size, shape, and color of a hen's egg. This was passed from the bowels. It was passed without any pain and without the slightest previous sickness. The child is 26 months old and has never been sick before. The mother happened to notice this large, white, gelatinous mass in the chamber-pot and didn't know when it passed. She preserved it for inspection for her family physician. Several physicians have taken specimens and examined it but couldn't account for it or tell where it came from. There is nothing unusual about the abdomen. Where it came from, I can't tell. If it came from the liver it would have caused enlargement of that organ and consequent pain. Up to this time the child had enjoyed perfect health but three days afterward polyuria or diabetes insipidus manifested itself. She micturated six times in an hour and micturated at least two or three ounces of perfectly clear, limpid urine of no specific gravity at all and with no trace of albumen. She would often micturate five or six times in an hour and never less than three ounces. At night, of course, her clothing was literally drenched and passing through the bed clothes. Now the child is not thirsty. There is not a particle of thirst and she doesn't care to drink, but has a most voracious appetite which is never satisfied; yet, whatever they give her to eat passes undigested from her. She eats meat abundantly but it comes from her undigested. Her bowels move four or five times a day and the child is visibly falling off. The child weighed 31 pounds and has fallen off to a little over 24 pounds. Otherwise the child is lively, sleeps well, eats prodigiously. It is a singular phenomenon that no matter how much she eats her appetite is not appeased. It is about three weeks since I saw her the first time in consultation and I have only seen her three or four times but the polyuria has not subsided, or at least very little, and she is evidently shrinking up so that there is very little left of her. I made an examination of this mass, which came from the bowels, but I could find no hooklets, or antennæ. Dr. Evers also failed to find any. I am inclined to think it is clear gelatinous mucus It was one large gelatinous mass the size, shape, and color of a hen egg. All her food has been carefully selected and given with lactopeptine. She eats the pulp of a beef-steak and drinks milk but the food is not digested. She never cares to drink. The skin is perfectly dry—just as dry as it can be. The quantity of urine passed has decreased a little but it is still clear, col-

orless as spring water with no trace of organic matter in it. For some time tinct. chloride of iron, and for the last ten days, ergot has been given in pretty large doses—25 or 30 drops every four hours. Ergot has been highly spoken of. Dr. Sanders has met with great success in its use and we concluded to try it here to see what effect these large doses of ergot will have.

DR. DEAN.—You say this was a homogeneous mass?

DR. POLLAK.—Yes one mass the size and shape of a hen's egg.

DR. DEAN.—It had no appearance of a membrane?

DR. POLLAK.—No, sir; so far as I can find out it is not fibrinous, what else it can be I don't know yet. There is no tenderness of the abdomen, nothing is the matter with the liver. I don't know where it came from; I can't imagine.

DR. DEAN.—You say you have made an examination of the specimen? It is not a case in which echinococci could come except from the liver and I don't see how it can separate the bile in such a way as to be passed in that way. It is a very rare case. I have seen two cases in this city; one some fourteen years ago and one case last year. This case was published in the JOURNAL and copied into Ziemssen's Enclyclopædia.

DR. POLLAK.—Is it not possible the parasite may find its way into the kidney?

DR. DEAN.—I don't see how so large a mass passed the ureters.

DR. POLLAK.—I don't mean this one came from the kidneys. I don't see how so large a mass came away without causing pain.

DR. DEAN.—The echinococcus is supposed to come from the egg of the tænia. This may have been in the raw meat.

DR. POLLAK.—She never ate raw meat until just now. The child is shrinking up. It is a pitiful sight to see a lively healthy child shrink up. It hasn't that peculiar appearance that sometimes occurs after cholera infantum in which children fall off so often, it is a drying up—atrophy. The skin is dry; no trace of perspiration, not a particle. Then the singular feature, that there is no thirst. The temperature is normal. It has never exceeded 99° and the pulse never was over 100 and ordinarily it

is normal. The respiration is normal. The tongue is not the least coated and the organs are apparently well developed. The urine never decomposes. I have kept it three or four days but it does not decompose. It has no particular specific gravity.

Dr. Prewitt.—Has any accurate measurement of the quantity of water passed in twenty-four hours been kept?

Dr. Pollak.—Yes. She passed water about five times every hour and about three ounces each time. Fifteen ounces an hour at first. At the present time she doesn't pass quite so much, that is, not quite so often. One day she passes less and the next day more.

Dr. Prewitt.—Three-hundred and fifty ounces in twenty-four hours! At that rate she will soon pass more water than the whole body will yield.

Dr. Pollak.—Of course the quantity of urine passed at night cannot be carefully measured. She is put to bed and during the night she passes enough to literally drench the clothing and to go through the matress. Is it not sufficient to know what she passes in the day time? What to do is the great question. Have you had much experience with lactopeptine? I haven't seen much good result from it. There are some very poor articles in the market. I have gotten some preparations which give admirable results and others are almost worthless.

But as you will not make any suggestions on this case I will report another one. There recently came under my observation an old man seventy-two years of age who weighs about three-hundred pounds, a cooper by trade and a regular beer drinker—that is, he drinks about three or four glasses a day but he is only able to drink the beer of one brewery; only one brand of beer. As soon as he drinks any other kind he is troubled with retention of urine. About two weeks ago I was sent for—on Tuesday evening. The man had been out at one of the beer-gardens on Sunday evening and drank several glasses of beer and when I saw him he had not been able to make water in forty-eight hours. Two physicians were in attendance, and they had failed in drawing off the water. I couldn't go immediately when I was called and as they said he was in a great deal of pain I sent him some morphine—one grain to the ounce and told him to take one teaspoonful. I had an object in that. I have

occasionally seen this decrease the irritation of the neck of the bladder. I got down at seven o'clock and with a catheter drew off eight tumblers-full of urine. I couldn' see the form of the bladder because he was so enormously large. The next morning they came again to get me to come and draw off the water and I succeeded again. But again he couldn't make water the next day, so I had to go over, but, this time, I couldn't get a drop. I made an examination per rectum and found the prostate enormously enlarged. I put warm fomentations over the kidneys and bladder and gave philocarpine internally one-fifth of a grain every four hours, also eight wet cups to the lumbar region. The next day I passed the catheter to draw off the water and succeeded very well. The next day, Saturday, I tried again and failed most signally—couldn't get a drop. Why did I fail in doing so? I am sure there was enough in the bladder. The next day I was sent for again, but of course I couldn't go every day to draw off the urine so I suggested to him the advisabili y of getting him a large elastic catheter and showing him how to introduce it himself and let him draw off the water until such time as he recovers. Now the question is why did I fail in drawing off the water? It occurred to me it might be due to the paralysis of the bladder on account of intense irritation.

DR. DEAN.—Was the bladder distended?

DR. POLLAK.—Enormously. The prostate was much enlarged. Where does the trouble come from?

DR. DEAN.—The difficulty may have arisen from the catheter.

DR. POLLAK.—No, there was no difficulty with the catheter, there was no obstruction. What is the reason that nothing came? Of course the enlarged prostate may have something to do with it. I am sure I passed the catheter just as I passed it the times when I was successful. I took Dr. Bryson with me the last time and he found an enormously enlarged prostate.

DR. PREWITT.—That is what frequently occurs and I suspect that the gentleman didn't get the tip of the catheter into the bladder.

DR. POLLAK.—I did.

DR. PREWITT.—Well practitioners very often think they do

and yet they don't. When the prostate is large it often takes a catheter of unusual length to reach the bladder.

Dr. Pollak.—I had one of unusual length.

Dr. Prewitt.—I suspect, in this case, that the point of the catheter did not reach the bladder. There is no reason why the water should not be drawn away if it did. I suspect the doctor didn't get it in quite far enough. There couldn't be any other reason. The ordinary catheter will not do inthose cases; it is necessary to have a large catheter. In many cases of enlarged prostate we can get to the bladder only with the regular prostatic catheter—with the point turned up sometimes to a sharp curve.

Dr. Dean.—I had a case only a few weeks ago in which I succeeded one day but couldn't draw any water the next day and was obliged to use the trocar in the rectum. The next day I succeeded but two or three times I didn't succeed and yet I used the same catheter each time. The prostate was very large and the catheter was held very tightly, very difficult to move.

Dr. Barrett.—I wish to say that I think Dr. Prewitt's explanation is the correct one and that it could not possibly be caused by anything else. And this case recalls to my mind a little circumstance that I recollect of seeing at the Pathological Society in New York early in my career—when I first commenced the practice of medicine. It was a very amusing incident and well illustrates the manner in which a man of experience may be mistaken about the introduction the catheter. An individual was brought to Bellevue and into the wards of Dr. Bartholow who is the acknowledged head of the surgical profession in New York city. There was a tumor in the lower portion of the abdomen which was supposed to be the bladder. The doctor introduced the catheter and failed to get any urine. The man died shortly afterwards of uræmia and the post-mor-examination showed the bladder immensely distended with water. Dr. Barker took the specimen to the pathological society and presented it as a remarkable case of the rapid accumulation of water and said that when the man had come into his wards he had introduced a catheter into the bladder and had gotten no water. Dr. Clark was in the society and he got up and said that the case had come into his wards and he finding a

tumor in the lower part of the abdomen, in the region of the bladder, had sent the patient to the surgical service on account of it and he asked Dr. Barker if he was sure he had gotten the catheter in. The doctor got up and very angrily said he knew when he passed a catheter in. Dr. Clark then said: "as it is, the question resolves itself into catheter versus percussion", and sat down.

DR. ROWLAND.—The question arises it seems to me as to why Dr. Pollak failed to get water one day and got it the next with the same catheter. It seems to me the explanation of it would be that on one day the urethra—the prostatic portion of it—happened to be a little more irritable than on the previous, day, on the day following and thereby prevented the entrance of the catheter for the reason that the catheter passed very tightly and so didn't reach the bladder owing to the strictnre of the urethra. It would stretch to some extent owing to the spasmodic contraction.

DR. POLLAK.—I could feel the point of the catheter by introducing my finger in the rectum.

DR. PREWITT.—You probably felt the curve of the catheter. I venture to say the doctor couldn'nt feel the tip of it in the bladder. That could only be done by passing the finger through the prostate gland. I don't think you can do it at all when the prostate is large. Now, I don't think there is any doubt that the doctor failed to get that catheter into the bladder. As I said the ordinary catheter will not enter the bladder when the prostate is much enlarged, you can't make it pass into the bladder. It isn't long enough. I don't think the theory of paralysis would explain it. If he had paralysis of the bladder there would have been intense pain. You may have a bladder greatly distended with water without pain. This man had an enlarged prostate which is a common condition of things with old men, the enlarged prostate and the indulgence of dissipation caused the attack of retention of urine. It is a common thing for old men with enlarged prostates to have retention of urine. I have known an old man who carried a catheter with him all the time and was obliged to use it all the time to empty the bladder.

Saturday, Sept. 17th. 1881.

Loss of Liquor Amnii.

Dr. Hurt.—Mr. President: About a year ago I was consulted by a lady about thirty years of age, who has been married twelve years and has a son about eleven years old, the only living child. She gave birth to a daughter a year or two later but she died. I was consulted by her on account of menorrhagia for which she was treated by general medication, no local treatment at all. She improved and became pregnant, but for the first three months of her pregnancy she was so much nauseated and had so much uneasiness in the region of the pelvis that it was supposed a miscarriage was inevitable. For three months, she was kept in bed for the reason that when in an erect position the uneasiness seemed to increase. After the uterus became too large to be contained within the pelvis, she was able to get up and run around and had a splendid appetite and improved generally, looking younger, fresher and stouter than I had ever seen her .At about six or six and a half months, on the fourth of July, I believe it was, after a long ride on a street car, she had a rupture of the membranes and an escape of the liquor amnii. She reported the circumstance to me and I told her she would miscarry: She went just a month, however, after this escape of the waters and fell in labor at about seven and a half months of her pregnancy and gave birth to a living child and the child is still living, is six weeks old, and seems to give evidences of continuing to live, although it is quite feeble and was very feeble at its birth. One of the troubles about the child is that it is very much constipated in its bowels, and was for a time jaundiced. It sometimes goes three or four days without an action. I am endeavoring to remedy that by adding to the mother's milk such articles of diet as will stimulate the alimentary canal. Some improvement has been made but yet I believe the child doesn't get an action on the bowels without an injection. After the accident of the escape of the liquor amnii occurred, I mentioned the circumstance to two or three of my

professional brethren and they all gave it as their opinion that she would miscarry very soon, but very much to my astonishment she went a month after the escape of the waters before her labor came on. And then what is slill more singular is that the child was born alive and well. Now it may be that some of you have had experience quite similiar. This may not be anything extraordinary to some of you, but it was so much so to me that I thought I would report it.

DR. BARRETT.—You say there was no water at the time of birth?

DR. HURT.—Well, there might have been a sufficient quantity to moisten the vagina but, so far as I could discover, there was no escape of water in any quantity, not even a spoonful.

DR. BARRETT.—Was there a continual dribbling from the time of the escape of this water until laber set in?

DR. HURT.—It came in little gushes.

DR. BARRETT.—Never ceased to come?

DR. HURT.—Never ceased to come. Every few minutes there would be a gush of water. I kept her in bed most of the time, after this accident and she would pull the linen from under her and show me that it was dribbling away.

DR. BARRETT.—Mr. President; I have seen an escape of large quantities of water. Of these cases, I remember two especially, one was the case of the wife of a medical friend—the wife of an obstetrician here who was going down the river to visit some friend being pregnant at the time. I think she was in the seventh or eighth month and as shewas going on the steamboat there was a rupture, apparently of the sac, with a tremendous escape of water so that it wet her clothes, saturated them thoroughly. She immediately left the wharf and returned to her home, fourteen or fifteen squares off, and sent for me. When I got there the water was still dribbling away. I supposed of, course, that the membranes were ruptured and labor would come on and I advised her to go to bed. The next day the escape of water ceased, she got up and went about her business without any further escape of water and I think she was not confined for some two months afterwards. My impression is, though I wont be certain, that her husband told me that there was a subsequent

escape of the same kind. I think the escape of waters are generally conceded to result from dropsy of the amnion and that, I presume, was the condition in the case that I referred to. I don't well understand how the membranes may themselves be ruptured so long in advance without producing labor. The uterus, it seems to me, would collapse to such a degree as to cause contraction and labor would inevitably follow shortly afterwards. Dr. Hurt may be mistaken in regard to the absence of water at the time of labor. He may not have been in a position to determine the fact. The membranes may have ruptured high up and the water escaped gradually before he got there, during the first three or four hours of labor.

Dr. Hurt.—That may be possible. I will premise that from the time this lady reported to me that her water had broken away I did not examine her until she sent for me when in labor. I then examined her and found that the child's head was presenting in the os uteri. The os was well dilated and so far as I could detect by the touch there were no membranes between the child's head and my finger. The lady said, after I had sat down a little while, she believed her pains had all left her and I went back to my office, which was not for away. I had not been in my office very long till she sent for me again, and when I got to her the head was in the act of emerging from the vulva. Whether there was any escape of water at the time of the birth of the child I really couldn't testify positively.

Dr. Dean.—We had a case at the hospital some time ago somewhat similar. A woman came to the hospital and was supposed to be in labor. She declared that the membranes had ruptured some hours before, some twelve or fourteen hours before, I think. I made an examination, introduced my fingers into the mouth of the womb but as she had no pains at any time I tried to convince her that she had probably passed water, but she insisted that she had had children and knew the difference. She stayed some five days and labor not coming on left the hospital. Of course I can't vouch for the statement that she passed the amniotic fluid.

Dr. Hurt.—Mr. President, if the Society will indulge me one second I will say that when labor did not come on in a few days after the fact of the rupture had been reported to me by my patient, I began in my own mind to account for this

escape of water by supposing that there were some hydatids attached to the membranes, or, as Dr. Barret says, some dropsical condition of the membranes. When I examined her at the time her labor set in I felt very well satisfied that the membranes had been ruptured for the child's head was naked. There was no membrane between my finger and the child's head. I am really inclined to think that the membranes in this case were ruptured from the beginning; that the uterus was somewhat relaxed at the orifice and a sac had been formed in the os and became so distended and attenuated that it gave way. That is one way to account for it. It may, however, have broken higher up. This would better account for the fact that the water had dribbled away. There must have been some place for the water to accumulate, to account for the phenomenon of the gushing of the water every once in a while. I examined this lady before she had passed the third month and the os was then a little open, and appeared to be a little tender, so that I was impressed with the idea that there would be a miscarriage before she had passed the fourth month.

DR. BARRETT.—I think, Mr. President, that it is a generally conceded fact that when the membranes are ruptured labor inevitably comes on in a very short time. I think this is conceded by all authorities. So far as my own observation goes it corroborates that fact.

DR. POLLAK.—What do you call a short time?

DR. BARRETT.—Within fourty-eight hours. I have never seen a case of labor where the labor pains didn't come on within that space of time after the rupture of the membranes and the escape of the water. I believe it is regarded as a certain means of provoking labor. If in Dr. Hurt's case the membranes were ruptured and labor didn't come on for so long a time it must certainly be a very exceptional case.

DR. SCOTT.—I agree with Dr. Barrett that after the rupture of the membranes we are apt to have labor at least within forty-eight hours. From my own experience that is the case. I think Dr. Hurt's case is not very remarkable. It was probably a case of dropsy of the membrane. Every one of us has seen such cases where the water would accumulate and gush out a month or six weeks before labor has taken place. I have seen several

such cases. The last case I saw was of a lady who had a gush of water a month ago. I delivered her the other night. I am satisfied that there was no rupture of the membrane but simply a dropsy of the amnion. We have all met with such cases.

Dr. A. Green.—I think the safest means of producing labor is to draw off the liquor amnii. If you draw off the liquor amnii labor must take place. If you know in time of an extra-uterine pregnancy or of a tubal pregnancy and plunge a trocar in and draw off the liquor you destroy the growth. So if the fœtus is dead the uterus will contract and labor takes place. So if the liquor amnii is drawn off the uterus contracts and the fœtus is thrown off.

Dr. Pollak.—Mr. President. I have known a case of rupture of the membrane, and of a gush of water in which abortion did not take place until eleven days exactly afterwards, and during that time every day some of the fluid escaped, more or less, not until the eleventh day was, the child born at about six and one-half months. This is the reason I asked what Dr. Barrett called a short time.

Dr. Johnston.—I think it is possible that we may have a slight rupture of the membranes and the water may be dribbling away for days without labor coming on. I have been practicing for some 40 years, and have had a great many cases where women have been as much as a month or six weeks with occasionally a little water dribbling away. The only difficulty we have to encounter, is that the women might be passing water from the bladder, and we can't examine from time to time to ascertain. She may pass water from the bladder and not be conscious of it. But I am well convinced to night that you can have a slight rupture of the amnion and a running away. if you have a complete rupture, you then use the word gush. If the water runs away, the child pressing against the side of the womb produces irritation and brings on labor, the water dribbles away, and labor doesn't come on for a month. I had a patient who died a year ago of septicæmia; she usually carried the children only two or three months, but this time she carried it eight months. Now, no woman can carry a dead child, because when it is dead it will press against the uterus, so that in Dr. Hurt's case I think it is probable the membrane was slightly ruptured, and as the woman lay in bed a little dribbled away at a time

and when labor came on there was no water there, the woman lay in bed, there was not sufficient motion to bring on a contraction of the uterus. I don't think that the running away of the water is sufficient to bring on labor, and I think my experience will bear me out. There are a good many cases in which labor will come on in a short time after the rupture of the membranes but sometimes it will not come on for weeks.

DR. BARRETT.—These cases of the escape of water which are so commonly observed, where it is not known where the water comes from; whether it is discharged from her bladder or whether it comes from an amnionic rupture or some other locality, form an indefinite basis of opinion. I am fully satisfied that if we put a knife or trocar into the membranes so as to rupture them and allow the liquor to escape, that labor pains will come on pretty soon afterwards. I don't think any man ever ruptured the membranes intentionally or unintentionally who didn't bring on labor pains pretty soon afterwards. These cases where the water simply dribbles away are indefinite however. When the uterus collapses it excites contraction and contraction produces labor.

DR. JOHNSTON.—It so happens that an old gentleman in this city, a member of this society, once ruptured the membranes to produce abortion at about the fifth month, and the labor pains didn't come on for a week. I know three or four such cases.

DR. BARRETT.—How do you know he ruptured the membranes?

DR. JOHNSTON.—I have the lady's word for it. She says he took an instrument and passed it into the uterus.

DR. BARRETT.—The President will probably recollect the case he and I attended, in which we found it necessary to produce abortion on account of the persistent vomiting. Dr. Mudd I think had introduced several tents, very large tents, without success. We took a bougie and passed it clear up to the fundus of the uterus, and left it there I think twenty-four hours. This did not produce labor pains, and as Dr. Mudd was called out of the city he turned the case over to me. I succeeded in bringing on an abortion through the action of electricity, when the ovum was thrown off at the end of a week, the membranes being intact.

DR. POLLAK.—You didn't rupture the membranes?

DR. BARRETT.—No sir, we didn't.

Dr. Scott.—It is the rule among obstetricians that when it becomes necessary to produce abortion on account of a deformity of the pelvis or the relief of intense nausea, to introduce a trocar or bougie for the purpose of rupturing the membranes and I am sure that in forty-eight hours afterwards we will have labor pains. I think it is a rule that we rupture the membranes and thereby draw off the water to cause contraction of the uterus and separation of the placenta, and this brings on labor. That is the rule which we all use when it is necessary to save the mother's life on account of a deformity of the pelvis or those cases of excessive vomiting where the life of the mother depends on getting rid of the fœtus.

Dr. Hurt.—Mr. President, I am not disposed to controvert the rule laid down by Dr. Barrett and Dr. Scott at all, the fact is I reported this case here simply for the reason that I thought it was an exception to the rule. I am willing to admit that I may have misapprehended the state of my patient entirely, but I think as an evidence of the correctness of my conclusions the fact that the patient gave birth to her child, prematurely will go to prove. I am very well aware that the rupture of the membranes is a provocative of labor or abortion, and one of the strongest provocatives, and for that very reason I told my patient that she would miscarry very soon, but this she didn't do, so I mentioned the fact to two or three of my neighbors and they were a little astonished that it didn't take place. But that a woman must necessarily cast off the fruit of her womb in 48 hours after the membranes have been ruptured, I am not disposed to admit; on the contrary I have reported a case before this society in which I discovered no escape of liquor amnii during the labor, and I reported this as a case in which there was no liquor amnii in the uterus, and I have been laughed at and yet I think I have somewhere in my reading, evidence of the fact from good authority that there are sometimes cases in which at the time of labor there is no water. I attended a lady some three or four years ago. I was requested to see her on account of a very violent diarrhœa, it seemed to be a serious diarrhœa, she became emaciated. After giving her absorbent remedies—chalk and bismuth preparations, and not having succeeded well I gave her aromatic sulphuric acid and the diarrhœa directly stopped, as I supposed. She said the motions of her

child had stopped also. Two weeks later she fell in labor and gave birth to a dead fœtus, which must have been dead two weeks. In that case the membranes appeared to be intact, in this case there was not a drop of water escaped, and I was compelled to account for it by supposing that either the lady had mistaken the escape of the waters from her uterus for a diarrhœa or I must suppose that the severe drain from the alimentary canal had brought about an active state of endosmosis and absorption, and the liquor amnii disappeared just as an abdominal ascites would disappear under the stimulus of an active drain upon the system.

SATURDAY, Sept 24th, 1881.

In deference to the death of President Garfield, the Society adjourned without discussion.

SATURDAY Oct. 1st, 1881.

Report on the International Medical Congress.

By request of the Society Dr. Rumbold, who was a delegate to the International Medical Congress lately held in London, made the following report, viz.:

DR. RUMBOLD.—From what I saw and heard, I consider that the Medical Congress was a success as far as the advancement of the medical sciences and social good feeling are concerned; I doubt very much, however, if the fees received from the members will pay the enormous outlay attending the tons of printing, the hire of halls and rooms, and the large number of entertainments. But this will only prove that the London physicians were determined that nothing should be spared to make the meeting a pleasant one. It was left for the members themselves to make it a profitable one. No one person can state whether or not it was profitable in proportion to its size. This was questioned by many; the answer cannot be given until we have an opportunity to peruse the vast volumes of its transactions. On August 2nd an informal meeting was held in the great hall of the Royal College of Physicians; but this large room was not able to give standing room to more than two-thirds of the mem-

bers present. On this, the first day, those who were fortunate enough to get inside were also so unfortunate as to receive a hot-air bath, which was the consequence of so large a gathering. This, however, did not prevent us from enjoying the formation of a personal acquaintance with some of the most distinguished men of the world. Among whom was Sir James Paget, a slender man with a square, high forehead. His manners easy and very pleasant but a little reserved. He was afterwards made president of the Congress. It, indeed, would have been very difficult to have selected a more efficient officer, even from so many well known men. Here I also formed the acquaintance of Mr. Wm. Bowman, the inventer of Bowman's probes; Dr. Carpenter, the physiologist, Luther Holden, Prof. Huxley, Sir William Jenner, James Keith, Prof. Lister, Prof. Bourdon Sanders, Sir William Gull, Johnathan Hutchinson, Sir Henry Thompson, Dr. Geo. Johnson, chairman of the subsection on laryngology, Prof. Pasteur and Dr. Fauvelle, of France, Prof. H. Snelling, Prof. Virchow, Prof. Donders of Utrecht, Dr. Faulis of Glasgow, Dr. Touk, Mr. Maudsley, Dr. Dalby, Mr. James Keene, Dr. Duncanson and John Simon. This informal meeting was one of the most important that took place, as at this gathering a better opportunity was given for becoming personally acquainted with many of the most celebrated of living physicians than at any of the subsequent meetings.

The first general meeting of the Congress took place on Wednesday, August 3rd, at ten o'clock A. M. in Saint James' Hall. I arrived there quite early and was fortunate in getting a seat in the first gallery, directly to the left of the president's stand and about five feet above it. I fortunately got engaged in conversation with a Frenchman on my left and a German on my right. Each of us agreed to tell the others the important personages as they entered. In this way I had an excellent opportunity of seeing many whose names are familiar to us. I tried several times to pick out the man after his locality had been given me but I always failed. Of course it was my fault. As the platform began to be filled I began to look upon it for the faces of Americans. About the time of the opening of the Congress I perceived the genial countenance of Fordyce Barker of New York, he was the only representative of this country. I had fully expected to see on the platform some one if not every one of the ex-presidents of the American Med. Associa-

tion that were present, as I saw several of them in the hall; but in this, not only were my expectations unfulfilled, but quite a number of Englishmen as well as Americans were disappointed. After the hall was well filled His Royal Highness the Prince of Wales was conducted on the platform by the honorable secretary William Mc Cormack Esq, who was afierward made Sir William. On the entrance of the Prince the whole audience arose to their feet and saluted him with cheers which lasted for some time. They did not cease nor did any of them take their seats until the prince himself was seated.

Sir William Gull called the meeting to order, at the same time making some quite lengthy remarks which very few heard. Before he finished he nominated Sir James Paget for president, and also the presidents of the principal colleges of England Scotland and Ireland for vice-presidents. This motion was seconded by Prof. Donders of Utrecht, the president of the previous Congress. During Sir Wm. Gull's remarks the crown Prince of Prussia entered the hall and was received with cheers while the members stood on their feet. Prof. Donders in seconding the motion addressed the audience in English. While his words were not always correctly pronounced, the language was that of a scholar. On Sir James Paget's taking the chair he delivered a most excellent address, one that was well received by the whole assembly. At the conclusion of this general meeting, the meetings of the various sections commenced at two o'clock in the afternoon. There were fifteen sections and one subsection. This was for the consideration of the diseases of the throat. I made several unsuccessful efforts to learn the reason for reducing the great speciality of Laryngology to a subsection while to diseases of the teeth was given a full section. This is really remarkable as Americans have been led to believe that, in London especially, dwelt the greatest of laryngologists in the world.

At this immense gathering, as in all of our Medical conventions, the attendance at the section of surgery was far the largest. Among those that I had the good fortune to hear while visiting this section, was a paper read by Lawson Tait Esq. "On the Recent Advances in Abdominal Surgery." It was evident while listening to him that he had made the composition of his article, as well as of his subject, a careful study. The author drew attention to the advances in Abdominal surgery which he

regarded as the out-growth of the success of ovariotomy, and this success he attributed to an increased attention being paid to the hygiene of the patient. In his paper he advocated that non-malignant tumors of the abdomen or pelvis which presented the likelihood of destroying the life of the patient, or by causing suffering, greatly interfere with the functions of life, should be investigated by exploratory incisions. Acting on this idea he opened the abdomen in many cases which have not been usually regarded as within the domain of surgical treatment. Of the cases alluded to, one, was for gall-stone; five, for hydatids of the liver; six, for cysts of the kidneys; one, a splenic abscess; twelve, for pelvic abscess; four, for suppuration of the fallopian tubes; and six, for pregnancy occurring in the fallopian tubes. Of the thirty-six cases, one only died, that being the case of fallopian pregnancy in which the child is still living, the mother at the time of the operation being too much exhausted to expect recovery.

The following rules he thinks should guide all operations. *First.* To operate before the patient is hopelessly exhausted. On this he dwelt for a long time and was quite severe on the so-called conservators of life. *Second* To open the abdomen carefully in the middle line. *Third.* To take the utmost care that none of the contents of the cavity operated upon should be allowed to enter the peritoneal cavity. *Fourth.* To completely close the peritoneal sac under all circumstances, that being done by uniting the wound with continuous sutures to the wound in the abdominal wall. *Fifth.* Scrupulous attention should be given to the proper insulation of the patient from all poisonous influences. He did not favor the employment of carbolic acid as recommended by Lister. He had found that the details were cumbrous and impracticable and that the patients recovered without them. He thought that the employment of carbolic acid rather impeded recovery than aided it. From the discussion which took place afterward it seems that Listerism is decidedly on the wane. Dr. E. Vincent of Lyons, France read a paper on Laparotomy and Cystorraphy in cases of perforating wounds of the bladder. His paper consisted of a history of a series of experiments that he lately performed on animals. From these experiments he arrives at the following conclusions: *First.* That the contact of urine with the peritoneum is not so fatal as is usually supposed. *Second.* That the cut edges of the

bladder should be brought into contact and may be successfully stitched together. *Third.* Whatever the cause of the rupture, the animal was saved if the vesical sutures were immediately applied. *Fourth.* The animal may be saved after a considerable time be allowed to elapse after the injury. *Fifth.* Spontaneous closure of the bladder is exceptional and therefore laparotomy and cystorraphy should be practiced at once.

As far as these conclusions were applicable to the human subject, he concluded that considering the almost invariable mortality which follows wounds of the bladder, laparotomy and cystorraphy should be resorted to immediately. The chances of success diminish in proportion to the length of time that has elapsed since the accident. He advocates the use of antiseptic means during the operation and says it has removed many of the dangers of an operation involving the perineum. He prefers the supra-pubic lithotomy to any of the perineal methods. He retains two operations only for stone: lithotrity if the stone is small and easily broken, and supra-pubic lithotomy if the stone is very large or very hard. This paper was well received.

Dr. Bigelow of Boston read an article on "The Rececnt Advances in Lithotrity". In his paper he gave the history of lithotrity before 1878 and since that time, stating in what its new features consisted. In this article he describes fully his own method of performing the operation and also describes the instruments. Sir Henry Thompson read an article on "The Recent Advances in the Method of Extracting Stone from the Bladder." In this paper I did not observe anything materially different from that advocated by the paper of Bigelow, with the exception that he advocated the combination of a urethral opening in the peritoneum with the crushing operation in the bladder as an available means of evacuating both debris and urine. Both of these papers called forth quite animated discussions.

Dr. Robert Battey, of Rome, Georgia, read an interesting paper on "Battey's Operation." This paper gives the history of this operation and discusses the question: whether or not there is a field for such an operation. He then gave the indications and methods he pursues in its performance. The paper was well read and attracted very earnest attention from the members of the section. Dr. M. A. Pallen formerly of this

city read an interesting paper on the "Reparative Surgery of the Genital Tracts."

During the discussion of a paper on, "Laceration of the Cervix Uteri, its Causes and Treatment" by Dr. J. H. Bennett. The comments of some members of the St. Louis, Medical Society were given, it being the only medical society in the United States that I heard mentioned while in the Congress. There was quite a number of papers "on the Treatment of Spinal Curvature with special reference to Sayre's method. Dr. Wm. Squire read a paper on "the real position of Rœtheln, Rubeola or German measles." In his opinion the disease has but a superficial resemblance to scarlet fever, but has close relations to measles in other points. It is self-protective, is as distinct from measles as varicella is from variola and possesses all the marks of a specific disease. It is a contagious disease and runs a definite course, occurring but once in the same person. Dr. Kasowitz of Vienna and Dr. J. L. Smith read papers on the same subject, the latter concurred with the two previous papers. The author drew his conclusions from the study of a large number of cases, mainly occurring in two epidemics. He says it is a distinct specific disorder. It resembles varicella in the general mildness of its symptoms and the absence of dangerous complications or sequelæ and in the uniformly favorable prognosis while its symptoms and history show the resemblance to measles and scarlet fever. Its incubative period varies from seven, or perhaps fewer, to twenty-one days. He says it requires no treatment. Dr. G. E. Shuttleworth of Lancaster England, made an analysis of thirty-one cases of German measles. He is of the opinion that it has a distinct character of itself and does not afford protection from measles or scarlet fever and that while certain cases have more of the characteristics of measles and others more of the characteristics of scarlatina, yet the points of difference are always well marked. "Syphilis and its Treatment" come in for its share of papers.

Among the first papers that were read in the subsection on diseases of the throat was a paper of Maunal Garcia. In his paper he related the circumstances that led him to invent the laryngoscope. At the conclusion of this interesting paper, I had the honor of reading a synopsis of a paper on "The Spray Producer as the Best Means of making local Applications to the Superior Portion of the Respiratory Tract." The number of

papers that were to be read during the entire session was so great that each author was limited to fifteen minutes, which, of course, prevented the full presentation of many subjects of importance that were laid before the subsection.

As there was not a stenographic reporter in any of the sections each individual who took part in the discussions was required to write out what he had said in discussion after he had concluded his remarks.

Dr. Fauvel of Paris and Prof. Burow of Königsberg each read a paper on the "Indication of Extra or Intra-Laryngeal Treatment of Growths in the Larynx." As one of these papers was read in French and the other in German I did not understand either. Part of the discussions on these papers were in English. In these remarks the case of Mr. Anheuser of St. Louis was mentioned by Dr. Johnson of Chicago and by others. One of the speakers claimed that the extirpation of the larynx in this case evidently did not give the promised relief; but was the cause of so much distress that the patient endeavored to take his own life before he died.

Dr. Morell Mackenzie of London, read a paper on the "Local Treatment of Diphtheria." He advocatrd comparatively mild measures, recommending ice to be used in the first stage, both internally and applied externally to the neck but contra-indicated when it caused pain or if gangrene were present. He considers the applications of steam to be of great service, that is if the membrane shows a disposition to become separated and when the membrane is situated in the larynx or trachea. He recommends lime-water and lactic acid as the best solvents. These he administers by swabbing or in the form of spray. He considers chloral hydrate as the most certain antiseptic and recommends it to be dissolved in ether as the most serviceable in covering the denuded membrane. He says caustics are always injurious; while astringents are useless and sometimes hurtful. During the discussion of this paper nothing striking or unexpected transpired except the remarks of a German member from Vienna who spoke in the English language. He gave the experience of a friend of his who had treated one-hundred and forty-nine cases and saved one-hundred and forty-four of them. One of the five that died was in a moribund condition when he first saw her. The remaining four were quite young and in a very unfavorable condition of health.

These conditions were all given as reasons for the non-recovery. Now comes the interesting, if not the instructive part of his remarks. The method of treatment that was so successful (?) was to force open the patient's mouth, scrape off the coating of the exudation or diphtheritic membrane and also to scrape off the soft parts below it, how much of the soft parts was to be scraped off was not stated. After this, he applies a very strong solution of nitrate of silver all over the localities that were scraped. I am unwilling to give the strength of the solution that I think he mentioned, as I might be mistaken, but it was heroic. He said that on the next morning it was likely that these same localities would again be covered with the diphtheritic exudation. This was to be again removed as on the previous morning and another coat of the same heroic strength of nitrate of silver applied. He said that it seldom required a third application. It is needless to say that the relation of this method of treatment made but little impression upon the members of the subsection.

Mr. Lennox Browne also contributed a paper on the "Local Treatment of Diphtheria." He gave the preference to lactic acid as a solvent and recommended the use of ice and of beverages containing chlorate of potash. He says that the last remedy acts constitutionally as well as locally. In this paper nothing new was brought forward with the exception of the recommendation that if the tonsils were greatly enlarged, they should be removed during the attack of diphtheria, as a local measure calculated to have the best results. This operation removed an impediment to respiration, and prevented the downward progress of the exudation and, he thought, if early employed might prevent the very dangerous operation of the opening of the trachea. During Dr. Mackenzie's remarks on Brown's paper on the "Removal of the Tonsils" he (Dr. Mackenzie) said that he had performed the operation a number of years ago and thought well of it.

There was quite a number of papers read on various affections of the throat in the German and French languages which prevented me from understanding what was said. Dr. Lefferts, of New York read a paper on the Diseases of the Motor-nerves in the Larynx.

Dr. E. Fournié, of Paris, read, before the Section on the Diseases of the ear, an article on the "Functions of the Eustachi-

an Tube." In this paper he says he agrees with those physiologists who consider that the principal functions of the Eustachian tube are to admit air to the tympanic cavity, so as to preserve the air in the cavity in equilibrium with the air external to it, and to give exit to the secretions formed in that cavity. He also believes that one of the essential functions of the tube is to prevent unpleasant sensations going from the fauces to the middle ear. He believes that the muscles usually considered as the dilators are really obturators of the tube. As this paper was read in French I did not understand it, but learned these points from a friend sitting at my side. Mr. W. B. Dalby, the president of the section, stated that the paper was a very scientific one, correct in all its principles and that it was altogether likely that no one would like to discuss it or dispute its correctness. As soon as he had finished his commendatory remarks, I arose and said that I wished to take exceptions to what I understood had been said by Dr. Fournié and gave my reasons.*

Mr. A. Gardiner-Brown, surgeon to the London Hospital presented to this section, a method of standard measurement for determing the hearing power of a patient, so that it would make it possible for an aurist in St. Louis to examine a patient, note the hearing power in figures, then for Mr. Brown to examine him several months after, in London and be able to compare the patient's hearing with the hearing in St. Louis. This is done by means of a tuning-fork. He found upon observation that if two persons grasp a vibrating tuning-fork, each with his thumb and finger that its vibrations will cease to be felt by both persons simultaneously. From this "the author conceived the idea, that the point in the listening ampletude of the vibrations corresponding with the moment of their loss to the sense of touch in the thumb and finger of the examiner, would form an excellent and convenient standard of reference for the auditory perceptivity of the patient." For instance, if I should grasp the tuning-fork and hold it over my patient's mastoid cells and he stated that he lost the sound of the vibrations while I still felt them long enough to count one—two—three, each numeral representing a second of time, this would indicate that his hearing was minus three seconds to my sensation of the vibration,

* See pp. 59, 146, 211 Vol. XXXVIII. ST. LOUIS MEDICAL AND SURGICAL JOURNAL.

but should he hear it after I ceased to feel it vibrate, this would indicate that his hearing the vibrations was three seconds longer than my feeling them. It is evident that this method would not be a universal standard of measurement of the hearing unless the tuning-fork was of the same length, had the same amount of metal in it and was of the same sound. This exception I tried to take while in the section, but the president informed me that the length of the tuning-fork would make no difference. I still think that Mr. Dalby was wrong.

Dr. Dickinson.—Must the tuning-forks be of the same letter?

Dr. Rumbold.—Yes sir, I say it must.

Dr. Dickinson.—Is this Dr. Lennox Browne the son of I. Baker Browne?

Dr. Rumbold.—Yes sir.

On motion of Dr. Hughes the thanks of the society were returned to Dr. Rumbold for his excellent report.

Dr. Stévens.—In connection with the report of Dr. Rumbold, it may perhaps be interesting to hear from members a statement of their impressions in regard to distinguished men of Europe. My visit was made in 1850. At that time there was in Paris a large number of very able and very worthy men, Velpeau seemed to be the great centre, then there were Andral, Cruvelhier, Louis, Gerdy, Trousseau, Roux, Ricord, Civiale, Sichel, Demanes and others. I went there with exalted notions of the greatness or superiority of these individuals as compared with those of our own country. I will not say I was disappointed, but long before the end of my year I learned that great reputation is not always a true test of great talent, worth or capacity. I found these worthies much like the rest of mankind—location, surroundings etc., have in a great proportion of instances as much or more to do in making a name than intrinsic talent or ability. I saw much to condemn and many mistakes, more in diagnosis and gross failures in practice, both in surgery and medicine. On one occasion I saw even the great Velpeau fail to reduce a dislocation of the head of the humerus, fearing, as he said, that if he used greater force, he might rupture the artery. The displacement was of several weeks standing; it was afterwards reduced by Lenoir, another surgeon.

Civiale by his lithotriptic instruments, attempted comminu-

tion of a vesical calculus, and failed, he not being allowed to cut for stone, the case went to another surgeon, who resorted to lithotomy. On introducing the forceps it was plain that the incision was too small, the surgeon, notwithstanding the remonstrances of Civiale who was present, persisted in efforts to extract the stone, and finally by tremendous force he succeeded, but how? By literally tearing the perineal structures, and to the horror and dismay of all present it was found that in consequence of grasping the opposite wall of the bladder, he had everted it; the man died, of course. But, it is in the treatment of ordinary diseases that the American physician especially sees much to criticise and condemn. In pneumonia, the various forms of fever, diarrhœa, dysentery etc., he witnesses daily, inefficiency, to say the least very tantalizing to look upon.

DR. WILLIAMS.—When I was in Europe, in 1866, I had quite an opportunity of noting the mistakes made by great men too. One, I remember very well was made by Sir William Ferguson, who had a case of ovariotomy on the table and cut through the abdomen in the usual way, in the median line, and on getting to the peritoneal cavity he found something lying over in front of the tumor he did not seem to understand, and dug at it several times with the forceps, apparently trying to find out what it was. He finally took his knife and cut through it in order to get down to the sac or cyst. When he cut through it, it bled very freely and before he could stop the blood he had tied some twelve or fifteen arteries that he had cut through; he had cut through the omentum. After tying the arteries he went on, removed the cyst, closed up the cavity and the woman was removed from the operating table. Whatever became of her is more than I know. But to cut through the omentum in order to get at the cyst was a mistake.

While I was in Vienna attending the surgical clinic of Professor Schu's hospital, I saw him do a number of things that were outrageous; more particularly in his method of removing foreign bodies from the ear. Children were frequently brought into his clinic with peas and pebbles or anything of that kind in the ear, and he would take a large iron scoop, pass it down forcibly into the child's ear in which he saw the foreign body and use this scoop as a lever to pry it out from its position in the external ear, of course, this was followed by a stream of

blood. It was a barbarous proceeding as well as destructive to the ear. While in Berlin I saw a similar mistake made by Langenbeck in his attempts to remove from the ear what he supposed to be a little piece of slate pencil, and I must say that what he did was, in my judgement, an outrage. Without ever looking into the ear to discover whether there was a foreign body there or not, he took the mother's statement and went to work to remove it, he never even as much as looked into the ear, but took a large pair of forceps and manœuvred around until he had seized something and then he would pull as hard as he was able, so that when the forceps slipped you could hear it snap clear across the room. Of course, the ear began to bleed very profusely and he finally concluded to cut down into the external meatus to see if he couldn't get into the ear. He made a large incision and passed a large instrument and when he had gotten hold of something, he would pull again. He repeated this operation until the boy—he was some 12 or 14 years old—bled so freely that he became as white as a sheet, and the Professor said he couldn't get it out and took the boy into the hospital, for treatment for the purpose of preventing inflammation of the brain.

Hissing Tinnitus.

Dr. Hughes.—I would like to ask Dr. Rumbold how many cases of hissing tinnitus he has met with in his practice. I ask this question because one of the papers read at the Medical Congress was upon "Syphilitic affections of the Ear," and my impression is that it was read in the section of diseases of the ear. One of the diagnostic features given by the author of the paper, of hissing tinnitus was that it was an evidence of syphilitic disease.

Dr. Rumbold.—I could not tell how many cases of "hissing tinnitus" I have had in my practice, I have not had many that I can now remember. The author, Dr. Douglas Hemming informed me that he was going to read a paper on that subject. His views on the subject differ very greatly from mine. I have never associated any peculiar kind of noise in the ear with any special disease. Noises in the ear are so irregular that I think they may be called accidental, they are too irregular to be of use as a means of diagnosis. Some patients tell me the sound is like the striking of iron, or the sound of air going through the

leaves of the trees, or the sound of the sea, or the noise from a sea-shell. I have not been able to associate the hissing sound with syphilis. I think that tinnitus aurium of all kinds is caused by a paralysis agitans of some of the muscles of the middle ear.

DR. DICKINSON.—Mr. President, I have had several cases in which the patients complained of hissing sounds, but I never associated them with syphilis or any other disease especially. With relation th Prof. Langenbeck I had the pleasure to witness several of his operations. It is to be remembered that he is the surgeon of an institution which received contributions from the whole German Empire, that he is employed several hours of each day in preforming surgical operation. Among other operations, I witnessed the removal by him of two tumors from the neck which were found to be malignant from which disease the patient afterwards died. This operation was certainly appalling in the extreme, the patient had been chloroformed and had ceased to breathe, and his condition was exceedingly critical, but by means of the ordinary agencies he was resuscitated and the operation completed. Langenbeck was very much embarrassed on this occasion, and if so distinguished a surgeon as he is liable to discomfiture a like affection will be pardonable in those of lesser calibre. The President, (Dr. Stevens in the chair) says he came home with a higher appreciation, of American surgery. I returned with a similar conception and I never saw any one operate with more skill and dexterity than an American surgeon, Henry J. Bigelow of Boston. But the courtesy which surgeons and medical men abroad show to Americans is generally very marked. They usually express themselves as liking Americans very much. On the day I made the acquaintance of Prof. Virchow, he invited me to attend a meeting of an American Society to be held at his house. This I accepted, and had the pleasure of meeting several Americans and Englishmen. The subject under discussion was "Tracheotomy," it was a very interesting meeting. Prof. Virchow also invited me to accompany him to a session of the Medical Society of the city, which I did, and there had the pleasure of meeting Prof. Carl Ritter, and others celebrated in science. In London also I was shown every courtesy that could be desired. European surgeons are equally liable to make mistakes as we are; and I think, as a general rule,

American physicians return from Europe with an exalted idea, of American surgeons and physicians. I am fully convinced that the pride of the profession of this country is now equal to that of Europe.

Dr. Williams.—I didn't wish to criticize Prof. Langenbeck on his general surgery, I criticize that one particular case.

Cephalic and Spinal Electrization.

Dr. Hughes.—I may say that I came here to-night intending to make some remarks upon the subject of cephalic and spinal electrization. I have used electricity to such an extent, and have had as I conceive a sufficient amount of experience in affections of the cerebro-spinal system to justify me in deducing certain conclusions as to its therapeutic value. I took occasion some time since to write a paper on this subject which I read before this society, and to-night it is my purpose to speak of a case now under my observation, which I should like any gentleman of the society to see at my house. This case, occurring in an infant one year and three months old, I consider to be an implication of the psycho-motor nerves primarily. It is not a case essentially of paralysis—it is not a case of definitely formed paralysis. There is no difficulty in the performance of the functions of the child—there is no impairment of digestion—there is no evidence of paralysis, on the contrary the difficulty is in making and perfectly executing will movements. There is no chorea, there are none of the characteristic symptoms of any disease which can be categoried with paresis. The value of the constant galvanic current has been so satisfactory in this case that it seems to me it would be of service for every skeptic upon the subject to see it. Of course, like every individual accustomed to using electricity a good deal, I have seen the most satisfactory results in cases apparently of essential paralysis, but in this case I have been more gratified than in any of the others that have fallen under my observation, to see the improvement that has occurred by its application in a young child like that. I applied it over the Rolandic fissure and across each of the cervical plexes to the opposite side and down to the hands, and I saw a perceptible improvement in the coördinating power of the infant under its influence. Take an infant, for instance, that has no difficulty in standing up, has no such lesion of the spine as would interfere with it standing up, but which is unable to grasp

a rattle or if placed in its hand, is unable to coördinate its fingers and retain it, the operation of the constant galvanic current is certainly of great benefit. It has certainly been more instructive to me than the successful results which have followed other cases of marked paralysis. Now there is no doubt about the therapeutic value of the constant current. I don't know much in regard to the induced current, but I think physicians should make use of galvanism to a much greater extent, as Mr. Hughlings Jackson has recommended the use of the ophthalmoscope in practice, so I would recommend not for diagnostic purposes but for remedial purposes, the use of galvanism. While in a town in Missouri this summer a lady consulted me in regard to herself. She was suffering from spinal irritation and nervous debility, and the accompanying diseases in various parts of the system. At one time there was ovarian tenderness, at another time what was called by the gynecologist endo-cervitis and she had passed a wretched existence during the eight or ten years, going from one gynecologist to another. She had a good physician and his treatment was good if he had only added to his remedies the use of galvanism. But the woman had lost confidence in him. I gave her physician the hint. I think physicians should know more about electricity and take care of those patients.

DR. STEVENS.—Did you recommend the use of electricity as a placebo?

DR. HUGHES.—No. I recommended it as a therapeutic agent. There are patients in whom it is advisable to use it as a placebo, in whom it will give benefit. There is no doubt that a depressing mental influence may kill, and a salutory mental influence may cure, but it is among infants where you can get the most satisfactory results, where you have an undoubted therapeutic effect of the agent. There certainly can be no psychical influence to appeal to in the event of its success. Now it sometimes happens that in treating an infant for a paralytic affection that, in this way, we re-awaken along the track of illy-nourished nerves a little increased activity; a little increased appropriating power in the nerve centres that are dormant, or that are insufficiently active, in not taking up their food. It sometimes happens that the use of electricity, in conjunction with arsenic, will aid in this awakening and enable such food to be taken up

as is required in order to set up a process which will ultimate in recovery. That fact is in harmony with the advice so often given to parents who bring children suffering with certain paralytic affections: "that they will outgrow it," and sometimes they do, if the child has sufficient fresh air and plenty of nutritious food. This little child I speak of, has been in the country during the spring and summer, and has been under the best hygienic influence, and has been in the hands of several physicians; the child is improving, and I am confident it will get well. I have seen many cases not exactly similar. Mr. President you will recollect that little child who was paralyzed for several months and made no progress. He suffered intense pain in the spine all the time; this little fellow was in constant misery and after the use of galvanism the child had no more pain in its spine. Another case is the child of Mr. Williams who was treated with beneficial effect, although it is not so marked in that case.

ARTICLE LXVII.

THIRTY-FIRST ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY HELD IN METHODIST HALL, CHICAGO, ILL., MAY 17, 18 AND 19, 1881. [Reported for the JOURNAL by A. H. OHMANN-DUMESNIL, M. D., of St. Louis.]

[Concluded.]

ONE HUNDRED CASES OF RŒTHELN. By DR. ROSWELL PARK, of Chicago.

The first case at the Children's Hospital occurred on April 8, and in five weeks 95 out of 140 had rœtheln. There were more than 100 cases altogether. Only two-thirds of the children exposed were attacked. Most of them had had measles the previous winter or spring. There were no premonitory symptoms. The erupion in 25 per cent, had the appearance of measles; in 10 per cent. the bronchial irritation etc. resembled that of measles.

In three or four cases it had a tendency to become confluent. Others had papules which appeared in the roof of the mouth. In 20 per cent. there was pharyngitis and laryngitis. In some the pulse rate was high, but the temperature did not rise, nausea and vomiting were rare. Four had pneumonia and several had bronchitis or croup. There was a necessity of some caution after convalescence, although the tendency was to recovery.

Medication was advised only when the sympathetic fever was high, the bowels were sluggish or in some other similar condition.

REPORT ON THE LEGAL REGULATION OF THE PRACTICE OF MEDICINE. By DR. MILO A. MCCLELLAN, of Knoxville.

This paper had only short selections of it read by the Secretary. It gave abstracts of the legal regulations in the practice of medicine in various States, and was an argument in favor of making and enforcing such laws. The various laws enacted in this country in early times were revised, and suggestions made in regard to them, as also the alterations that would be necessary in these days. The paper concluded by recapitulating the work

that has been done in the different States in regard to medical legislation.

Ifectiousness of Tuberculosis. By Dr. Henry Grædel, of Chicago.

The study of this subject is so fascinating that it will pay us to look at the latest discoveries made, and will amply repay the time spent from the satisfaction derived. Villemin's discovery in 1870 was followed by an immense number of observations. The following conclusions were arrived at :

Human tubercle can be successfully inoculated in the lower animals.

Intravenous injection, only, produces general tuberculosis.

The time of incubation is from two to four weeks.

General miliary tubercle does not involve animals much ; ultimately it does.

It presents different aspects in different animals. A tubercle (miliary) nodule is 1-5 m. m., made up of heterogenous tissue, the want of blood vessels accounting for caseous degeneration. Large tubercles are agglomerations of smaller nodules. The last criterion to apply to tubercle is the power to inoculate. By thus experimenting upon animals, we can decide whether in man, there are true tubercles or not, using susceptible animals for testing. The sputa of phthisical patients, as also the pus from local abscesses not previously known as tuberculous, have thus been inoculated. Fungous arthritis has thus been proven to be true tuberculosis of the joint. The caseous lymphatic glands of scrofula present all the anatomical characteristics of tubercle. Here also are we ignorant of how the tuberculosis is localized.

To have full faith in these inoculations, we must inquire if tuberculosis can be caused only by a specific virus, or can it be produced by inoculating with other matter ? In the first place, the animals experimented upon were rabbits and Guinea pigs, which are extremely prone to tuberculosis and hence we must regard them as negative. In dogs non-tuberculous masses never produce tubercle. The disease depends upon the introduction of a specific virus. Kohnheim introduces the matter into the anterior chamber of the eye, where the results can be watched from day to day. If sufficient tuberculous matter be introduced,

it will never fail. If non-tuberculous, it may cause the destruction of the eye, but it does not produce tubercle. Eruptions of tubercles in the iris have been observed, in Guinea pigs seven days and in rabbits, in twenty to thirty days after inocintion. They grow in great quantities and finally destroy the eye. If the animal survives this, the internal viscera become infected. The author concluded that all these points proved sufficiently well that tubercle is infectious and as well proven as that of syphilis or variola.

Infection probably occurs through the respiratory passages. Tuberculosis generally occurs at the point of infection, and in man, it is the lungs where it generally begins; but it begins at other points also, as in mesenteric tuberculosis, etc. A spray of emulsions of tuberculous masses may cause tuberculosis by inhalation. Caution must be observed in the interpretation of experiments, as conflicting accounts are given by different experimenters.

There is a definite species of bacteria, characteristic of tubercle. Proofs, the most convincing in character, go to show that tubercle is caused by inoculation with the granules and rods (micrococci). Further confirmation is still required from authors who are not germ enthusiasts.

Why does tuberculosis remain localized in some cases and not in others? This is a question very difficult to determine. The author here again quoted a number of authors, somewhat explanatory of this question and showing that there is a school claiming a traumatic origin for tubercle.

DISCUSSION.

DR. E. F. INGALLS, Chicago.—To me it is probable, I may say certain, that phtisis is sometimes infectious, but whether it is necessary for a specific poison to be inhaled or inoculated seems to me, decidedly uncertain. Good pathologists say that it is, and others as good say that it is not. As to us, we must sit on the outside and watch them, and ten years hence we will, perhaps, find neither correct.

THE USE AND ABUSE OF ALCOHOL. By DR. J. T. CURTIS, of Otterville.

An abstract of this paper was read by Dr. E. Ingals. The author began his paper by a quotation from Dr. Richardson.

His own experiments demonstrated that ℥iv daily increased the heat 13 per cent. He stated that its influence on the heart's action was full, and in some pulse tracings, the lines were the same as in the exhaustion of typhus.

N. S. Davis, John Davis, were quoted. Jewett says alcohol is an irritant, narcotic poison. Watson maintains that is has an elective affinity for the brain and nervous system. The author gave numerous quotations from different authors to show that alcohol had a deleterious effect upon the human economy.

THE USE AND ABUSE OF ALCOHOL IN HEALTH AND DISEASE. By DR. E. INGALLS, of Chicago.

I will attempt no elaborate investigation, but will enter into it by means of general considerations. Scientific investigations have led some to say that alcohol is sedative and not stimulant, and this I cannot believe as it has so often acted in collapse.

Subjective experience shows that in large doses it is sedative narcotic and poisonous. In such doses it is pernicious. Its medical power is diminished by prolonged use. It is truly a curse, when improperly applied, and man should be enlightened to use and not abuse of this powerful agent. In many cases, it is a restorative agent of much value, especially to patients not addicted to its use when in health. We give arsenic, but do not recommend its habitual use; so with alcohol. The demand for some form of stimulant is deeply implanted in the human organism, and the capacity to tolerate stimulants is a fair measure of the nerve force. Grant, when hard-pressed in battle, did not inquire if any reinforcements had come, but if the steamer had brought any cigars.

The intemperate use of alcohol generally causes the moral and physical wreck of its victim, and the vice is often transmitted to an innocent and afflicted posterity. The author advocated a non-committal action of the profession upon the question; but, at the same time, to give an example of abstinence, as the best method of stopping the abuse of alcoholic stimuli.

THIRD DAY.—Thursday, May 19, 1881.

MORNING SESSION.

REPORT ON CHIAN TURPENTINE. By DR. E. A. ANDREWS, of Chicago.

About a year ago Mr. Clay, of England, spoke of the cure of cancer by means of Chian or Cyprus turpentine in emulsion with flowers of sulphur. This created a large demand, and the price went up suddenly. The London Cancer Hospital pronounced it a failure. The medical societies denounced the treatment.

In Chicago, it was difficult to obtain the genuine article, and the total amount ever brought to the city was less than fifteen pounds. Chian turpentine does not come from a coniferous tree, but from one allied to sumac. It produces a turpentine of a peculiar odor strongly resembling that of mastic. Chian turpentine, not being produced in great quantities, and not being known to have any great qualities, was little sought for, and on that account, it became very dear. The result was that there was great difficulty in obtaining it in Chicago; and with the exception of small lots privately imported, all the samples were fraudulent, until eight weeks ago, Schieffelin got an article which is probably genuine Chian turpentine. Barrels of the imitation have been sold.

As gum mastic is allied and from the same species of plant, it has been used in experiments. From *a priori* reasoning I would not expect it to be of any good; but Clay's high authority made it proper to try it. It was tried upon one hundred persons, but as many underwent operations, I cannot say whether any success was due to the operation or to the turpentine. These I have thrown out. Again many returned home, or disappeared from view.

CASE I.—Cancer of the cervix, diagnosed without the microscope, by several physicians, who were competent men. The tumor was hard, hemorrhagic and ulcerated, in size equal to half a hen's egg. Gave the turpentine with sulphur in emulsion; in three months it had disappeared.

CASE II.—Villous cancer of the rectum. The tumor was hemorrhagic and distinctly to be felt. Astringent injections and turpentine, without the sulphur, were given. The hemorrhages completely ceased. No trace of the tumor is remaining, the cure being complete. In this case the turpentine was fraudulent.

CASE III.—Epithelioma of the lip. Took sulphur in large doses without turpentine of any kind. In three months, the tumor had abated and the tumor was smaller. The patient refused further treatment.

CASE IV.—Cancer of the uterus. This tumor was at the cervix, and excised once, but it returned, the patient being exhausted. Mastic and sulphur gave some relief from pain and other symptoms temporarily, but increased the hemorragic tendency. She died of exhaustion.

CASE V.—Soft sarcoma of the thigh (not examined microscopically), infectious and malignant. The whole skin of the body was studded with secondary tumors, and the mucous membrane of the alimentary canal also. The patient came in an exhausted condition with a tumor forty inches in circumference. Sulphur and mastic were given in large doses. The tumor sloughed off a stratum one and a half inches thick, in a few days. Hemorrhage from the bowels set in, which it took some trouble to suppress. The patient died from exhaustion, hastened by the bleeding and the mortification on the surface of the tumor.

CASE VI.—Tumors (not examined microscopically) which existed several years in the breasts without implicating any of the axillary glands. Soft medullary cancer of both breasts, removed once or twice and recurred. The patient was discouraged with operations. Got some genuine Chian turpentine and gave it with sulphur. The patient took it irregularly for two months. During the first ten days, one tumor remained stationary and the other got ½ inch less. After that, they enlarged somewhat.

CASE VII.— Carcinoma of rectum and liver, the latter of greater size, extending two inches below the edges of the ribs and all across the abdomen. The patient much emaciated and exhausted. Gave the advice of trying mastic and sulphur. The doctor in attendance, stated that the liver in two weeks, grew smaller, there being one and a half inches reduction. There was persistent obstinate vomiting for ten days and the patient died.

CASE VIII. Cancer of the breast, amputated and two glands in the axilla removed. Genuine turpentine and sulphur were administered, and for two months all went well. For two weeks

after, none was given, and small tumors appeared and excised, and no recurrence of them noted.

CASE IX.—Carcinoma of the lip and cheek, excised repeatedly and removed during eleven years; was slow in growth. Mastic and sulphur ordered and taken for several months. Hemorrhage from the bowels occurred. The tumor was cut out and the mastic and sulphur given, to prevent any recurrence. It did return, but the patient said, much slower than previously. The medicine was a failure, and I doubt if it retarded the return.

The worst cases of seemingly total failure were:

CASE X.—Carcinoma of rectum and liver. It grew so large as to stop up the bowel. Lumbar colotomy was performed and mastic and sulphur emulsion given. The patient ultimately died.

CASE XI.—Carcinoma of the breast and axilla. The breast was amputated and the axilla cleared out. Mastic and sulphur and Fowler's solution were given. In less that a year it returned, and the patient died from the effects of a second operation.

CASE XII.—Encephaloid carcinoma of the antrum. This was not thoroughly extirpated. Genuine Chian turpentine and sulphur were given for four months. It was a total failure.

CASE XIII.—A hard, slow scirrhous of the breast and axilla. Chian turpentine and sulphur given. The patient thought that there was a diminution in size but I could not see it. A little later on, the pain came on again, and after two months she refused to take the medicine. She took fluid ext. red clover claiming for it the cessation of pain, but the tumor did not diminish but rather grew larger.

Of the above experiments, only a few were made with genuine Chian turpentine.

Results.—Two cases got well, but no microscopical examinations were made; one was benefitted by sulphur alone; five improved partially, but were not cured; five were total failures.

What are the conclusions to be drawn? I am not in a good situation to draw any, not having had much of the genuine article to experiment with. There is no hope left that it is a remedy for the cure of cancer. There is no doubt that the turpentine and sulphur benefit, in some cases; and it may have enough value to justify its use. The results, however, up to this time, have been uncertain and not decisive enough.

The dose of the turpentine is grs. viij with sulphur grs. vj

made into an emulsion and taken three times a day. I have given ten grains of each and added a little opium in cases where the sulphur acted upon the bowels.

THE REMOVAL OF HAIRS BY ELECTROLYSIS. By DR. PLINY S. HAYES, of Chicago.

As long as the daughters of Eve vie with each other in beauty, will they try to remove hair from the face. There have been various depilatories introduced, but they rather increase the growth of hair.

Of the methods that have been proposed so far, none is to be compared to electrolysis, which was first used by ophthalmologists, Dr. Michel, of St. Louis having introduced it in 1875. Piffard, Hardaway and Geo. H. Fox recommend its use. The apparatus needed is a suitable galvanic battery of from five to ten zinc and carbon cells, a fine cambric needle, a holder and forceps. The stronger the force of the current, the more rapid is the electrolytic action and the greater the pain. The negative pole is connected with the needle, the distal end of which is that containing the eye. The object is to reach the hair follicle and destroy it, and for this we want as broad a surface on the electrode as possible. The positive electrode is held on the same side. If the patient becomes unpleasantly affected, place a moist sponge near the hair.

The hair is seized with forceps and slight traction made, the eye of the needle being gradually insinuated and carried near the papilla, if possible. The circuit is closed. After the electrolysis has been goingon 15 to 30 seconds, slight traction (half an ounce) is exercised on the hair and if it comes out, we know that the papilla is destroyed and no hair will reappear. If the hair still remains firm, continue for some time longer and it will come away. If there are many hairs in close proximity, remove the hairs next to the ones first taken out and so on as there is a slight area of anæsthesia in this. The follicle heals in a few days, leaving the skin smooth. If this method be applied to a mole or nævus, the tumor will also disappear. Some advocate removing the hair first, whereby they lose the best indication of the success of their operation.

The papilla occasionally escapes destruction and a second electrolysis will destroy it completely. The hairs that return are less than 5 per cent. of those destroyed.

Electrolysis is superior to other methods of depilation because:

1. It is limited to a minute point.
2. You can destroy rapidly or slowly.
3. You can arrest the process at any instant.
4. The most severe pain is at the time of operating.
5. You can know to an almost certainty, whether you have destroyed the papilla or not.

ON THE SURGICAL ANATOMY OF THE SHEATHS OF THE PALMAR TENDONS. By DR. ROSWELL PARK, of Chicago.

There is no English text-book that takes up this subject thoroughly. Gray makes no mention of it, Quain dismisses it in two lines, and neither Wilson, nor any of the ordinary reference works give any satisfactory explanation. The works in surgery are equally barren. McDougall has given in Todd & Bowman's Cyclopedia of Anatomy and Physiology, a very excellent description. The best description from a surgical standpoint, is given by Gosselin in his "Clinical Lectures."

The palmar aponeurosis and fascia is an extension from that of the forearm; it furnishes sheaths to those tendons which do not pass under the annular ligament, and to the vessels. The anterior annular ligament is an exceedingly tough band stretched from the pisiform bones on one side to the scaphoid and trapezium on the other; with the concavity of the carpal osseous arch it forms an elliptical ring, the *carpal ring*. To the central portion of this ligament is attached the palmar fascia, largely derived from the extension of the tendon of the palmaris longus. This fascia divides into four bands, each of which is halved to be attached on either side of each bone of the proximal extremity of the first phalanx. Each portion of the fascia here is reinforced by transverse fibres, thus making an arch, through which passes the flexor tendon. This fascia overlies the superficial palmar arch, the flexor tendon, the median and ulnar nerves being seperated by loose connective tissue. Numerous apertures are found in the fascia, and when the parts beneath are swollen, deep fat and cellular tissue may protrude. This fascia gives off two sets of processes; the superficial envelop the thenar muscles on one side, and the hypothenar on the other; the deep dives into the

palm to form the interosseous ligaments. The sheaths of the flexor tendons of the fingers are osseo-aponeurotic canals. Opposite the articulations they are thin to permit flexion, or they may be wanting, so that the synovial sacs of the tendons are in contact with tegumentary structure. Finally these sheaths are blended with and lost in the pulp, and periosteum at the tips of the fingers.

In the *carpal ring* we find a more closely packed aggregation of tendons than anywhere else in the body, there being no less than nine tendons passing through it, besides others outside, and in close contact. In a great majority of cases the arrangement is this: there is a synovial bursa in the palm of the hand common to all the tendons, which has two lateral digital prolongations along the flexor tendons of the thumb and little fingers. It overlies the periosteum of the metacarpal bones in the palm in front of the carpus on the synovial membrane of the carpal articulation. It extends far enough up on the fore-arm to permit free play of the tendons, and is lost in the intermuscular fascia: its prolongations sustain the same relations to the synovial membranes of the metacarpo-phalangeal and phalangeal articulations lying upon them. This is the *usual* arrangement; it may, however, vary.

The full import of these relations can now be comprehended from a surgical standpoint. For instance, a patient suffers from an inflammation, traumatic, or other involving the litte finger; soon the palm swells, and, though the other fingers may be sore and stiff, the thumb seems to sympathize most. And if this trouble extends, it will be up the forearm rather than down the other fingers. Other cases were cited.

A diffuse phlegmonous process may in twenty-four hours travel from the palm to the elbow, and the patient's life may be put to hazard.

The author concluded his paper by giving the method of roman treatment, where the sheaths of the palmar tendons are involved, advocating free incisions as soon as suppuration, phlegmonous or erysipelatous inflammation is recognized. If adhesions have contracted the sheaths, well directed but gentle *massage* will often effect improvement.

LISTERISM. By DR. TRUESDALE, of Rock Island.

The antiseptic method of treating wounds, proposed by

Lister, has obtained the favorable recognition of all the civilized world. Current medical literature teems with the details of the successes achieved by the aid of this method. Nevertheless, the query arises, "Is the theory, upon which it is based, correct?" Are the beneficial results due to its action as a germicide? It has so taken the profession by storm and has been so universally accepted, that any one, calling this method into question, has not had the courage to put himself on record as opposed to it. The only literature that I have seen trying to do this is an article on "Thorough Drainage," in the *American Journal of Medical Sciences*, Oct. 1880, by Prof. Marco, and it is the only true suggestion of another theory by which the action of carbolic acid may be explained. The theory is, that carbolic acid has the power of preventing or limiting the development of inflammation, in the tissues where it is employed. On reading this I was impressed with the force of the suggestion and also confirmed by clinical facts. I embraced every opportunity to observe the total therapeutic action of carbolic acid. I believe that it prevents, modifies, and controls inflammation; and for those purposes, it is superior to any other agent in use. It is manifestly of the greatest benefit in inflammations, where topics are at all appropriate and is just as thorough in its action in a wound exposed every day as in one that is sealed up.

No antiseptic yet tried, has answered the same purpose as carbolic acid. We would expect that other remedies, of the same class, would produce the same effects, if these latter depended entirely on antiseptic properties. From this there can be no doubt that carbolic acid possesses other powers besides being antiseptic. The following theory is formulated as the only one in harmony with all the phenomena observed. Carbolic acid acts as a powerful direct stimulus to the vasomotor nerve fibres, causing a contraction of the arterioles and diminishing the normal quantity of blood sent to a part. It hardens the white blood corpuscles, preventing their proliferation. In short, it produces a greater or less suspension of physiological action.

This theory is based on numerous clinical facts. If a moderately strong solution be applied to a part denuded of epithelium or cuticle, it becomes white or blanched, and there is a loss of sensation. The first effect is due to a contraction of the coats of the vessels, producing anæmia which, the more complete it is, so much the greater is the anæsthesia. This action arrests

the process of repair—stops the formation of plastic material. When applied to parts protected by cuticle, if the solution be strong, it destroys the tissues to a great depth, withot causing pain.

CASE I.—A patient with the ends of the fingers frozen; very painful. Advised by a non-professional person to use carbolic acid. Used the crude and strong article, and contiued it several days. The ends of the fingers turned black and mummified. In this case, it was carried to an extreme point, and there was no pain, at any time.

CASE II.—A few months since, a patient had both legs, up to the knees, crushed and mangled, being run over by a railroad car. A double amputation was deemed necessary; one leg was taken off and the operation on the other deferred. The latter was almost entirely stripped of integument, the muscles torn and mangled and, of course, painful in the extreme. Was uncertain as to how long it would be safe to remove it. It was completely enveloped in a three per cent. solution of carbolic acid and over all a roller saturated in the same. In less than an hour all pain had disappeared. I removed the leg 36 hours later; the reaction was perfect and decided. After the amputation, the roller and cloths were removed from the leg. It was slightly blanched but, seemingly, no change had taken place. The carbolic acid had been hæmostatic, antiseptic, antiphlogistic, and anæsthetic. The limb could have been kept so one or two days longer, and with a stronger solution many more days.

In regard to its anæsthetic action, I have experimented in all forms of local inflammation of the mucous membrane—diphtheria, membranous croup, conjunctivitis, endometritis, vaginitis, urethritis, etc. As a local antiphlogistic in erysipelas, orchitis, etc. I have recently tried it in scarlet fever and found that, in this affection, a frequent sponge-bath of a two or three per cent. solution acts as a powerful sedative; and, if pushed to the eruptive stage, it prevents desquamation; and if to the external ear, it prevents its suppuration.

Carbolic acid has not obtained its reputation as an antiphlogistic or for the purposes I have indicated; but as a germicide, in the hands of surgeons. Yet the greater the degree of inflammation the greater is the suppuration, and thus the greater is the amount of septicæmia, and may it not be assumed that the antiphlogistic theory is the true one on which to base the use of

carbolic acid in surgical practice? It is more in harmony with clinical facts and phenomena. In regard to its uses, they are yet to be learned.

The effects are varied by numerous circumstances; the strength, mode of application, nature of tissue, whether used temporarily or not and many other conditions become factors in determining its methods of use.

By some, the spray has been called into question. That this method has been abused and resulted in injury, in many cases, I do not doubt. The abuse comes from a false theory. Fresh wounds, from a knife, are not maternally benefitted. The use of the spray in ovariotomy is very appropriate. [The special power of carbolic acid in preventing inflammation was shown by a number of cases in the author's practice.]

CASE III.—Mrs. W. treated two months. Uterine fibroid suppurating and disintegrating. Removed dressings daily and washed out with carbolized water. This did not improve the smell. Then tried Labarack's solution, potassium permanganate, bromo-chloralum, etc., which produced chills, pain, etc., in a few days. These disappeared when the carbolic acid injections were resumed.

CASE IV.—Mrs. C. severely burnt and extensively, by having her clothes catch on fire. The loss of integument was equal to one-fourth the surface of the body. The suppuration and sloughing were great. She lived 14 days and died of tetanus. No symptoms of septic poisoning ever showed themselves.

CASE V.—C. M. had traumatic inflammation of the upper third of the tibia. The head of the tibia was incised, exposing the bone which was found separated from the periosteum and semi-necrosed; a portion of the upper part was removed. A large, open, excavated hole was left and not closed, but washed out and filled with lint saturated with carbolic acid solution. At the end of 48 hours, the dressings were removed, and then applied once a day, freely exposing the wound to the air. The progress of repair progressed rapidly.

All wounds in which the tissues are undergoing disintegration, should be opened and washed out daily.

The dressing must be such as to allow the removal of the products of suppuration, as soon as formed. If these rules are adhered to septic poisoning will not take place, especially if the second rule be strictly observed.

DISCUSSION.

DR. J. P. JOHNSON, of Peoria.—Before I heard of carbolic acid as a medicine, my attention was called to phenol sodique. I procured some and found that it answered well in controlling local inflammation, and I was well satisfied with it. After that, I procured the acid and found that it answered the same purpose, preventing suppuration and promoting healing by first intention.

The doctor cited cases in which he had used it. In ophthalmic practice he used it quite extensively and also in gynecological cases. Iodine with it was very good in uterine cases. In regard to its antiseptic properties, he was a firm believer in Listerism. That it is an antiseptic, I am well satisfied from a specimen in my office. I removed a gliomatous eye and have had it a year and it is in good preservation. If carbolic acid prevents decomposition in dead tissues, it will prevent suppuration or bacterial poisoning in wounds.

DR. TRUESDALE, of Rock Island.—The point I wish to make, in my paper, is that the important benefits are due mainly to the antiphlogistic and not to the antiseptic powers of carbolic acid. I admit that it is antiseptic. But why is it that as good antiseptics do not produce the same results? Iodine, in its physiological effects, is almost the same as the acid only differing in degree. Iodine is a vaso-motor stimulant and cuts off, diminishes or changes the nutrition of the tissues to which it is applied. Such, for instance, are its effects when applied to a large, indurated os uteri. We ought to use a therapeutic agent in accordance with a correct theory, in order to apply it successfully.

ARTICLE LXVIII.

SEVENTH ANNUAL MEETING OF THE TRI-STATE MEDICAL SOCIETY OF ILLINOIS, INDIANA AND KENTUCKY, HELD AT THE LINDELL HOTEL, ST. LOUIS, OCT. 25, 26 AND 27, 1881.

FIRST DAY, Oct. 25.—MORNING SESSION.

The meeting was called to order by the president, Dr. A. M. Owen, of Evansville, Ind. Dr. H. C. Fairbrother, of East St. Louis, Ill., Chairman of the Committee of Arrangements, made a report and was followed by Dr. Wm. Porter, of St. Louis, Chairman of the Committee on Programme.

The President next made his Annual Abdress, and was followed by Dr. T. B. Washburn, of Hillsboro, Ill., who read a paper on "Medical Orthodoxy." Dr. John Rauch, of Chicago, discussed the paper.

AFTERNOON SESSION.

Dr. Beard, of Vincennes, Ind., continued the discussion of Dr. Washburn's paper. Dr. D. S. Booth, of Sparta, Ill., then read a paper on "Scarlatina," and was followed by Dr. W. J. Chennoworth, of Decatur, Ill., who presented a paper on "Diphtheria." These papers were discussed by Drs. Wm. Porter, H. B. Buck, of Springfield, Ill., Lester, of Indiana, Reber, of Shelbyville, Ill., Chennoworth and Booth.

Dr. Wm. Ferrell, of Centreville, Ill., recited some "Practical Observations in Typhoid Fever." This was discussed by Drs. Beard, Hughes, of St. Louis, Reber, of Shelbyville, Ill., Ferrell and others.

Dr. J. G. Carpenter, of Crab Orchard Springs, Ky., read a volunteer paper on a "Case of Traumatic Tetatus."

EVENING SESSION.

Dr. Wm. Dickenson, of St. Louis, read a paper on "Certain Intra-Ocular Affections," and was followed by Dr. Chas. Reber, of Shelbyville, Ill., on "Human Temperature, Normal and Abnormal." Dr. Geo. F. Center, of Evansville, Ind., read a vol-

unteer paper on the "Autopsy of the President," which was discussed by Drs. Hodgen, Ford, of St. Louis, and Booth, of Sparta, Ill.

Dr. Wm. Byrd, of Quincy, Ill., read a volunteer paper on "Lumbar Colotomy," and the discussion of the Social evil question was then taken up.

SECOND DAY, Oct. 26.—MORNING SESSION.

The first paper was on the "Use and Abuse of Splints, in Fractures about the Elbow," by Dr. Heber Roberts, of Carbondale, Ill. The following participated in the discussion of this paper: Drs. D. Prince, of Jacksonville, Ill., Byrd, of Quincy, Ill., Fairbrother, of East St. Louis, Ill., and Roberts.

Dr. Edw. Borck, of St. Louis, next made an address on the "Treatment of Fractures of the Radius with the Rubber Bandage." After some discussion on this subject, Dr. David Prince, of Jacksonville, Ill., read a paper on the "Treatment of Extrophy of the Bladder." Dr. J. Link, of Terre Haute, Ind., read a paper on "Re-formation of Bone," the discussion of which was deferred till the afternoon session.

Dr. W. S. Ross then read a paper on "Prevention of Vesical Calculus."

AFTERNOON SESSION

Dr. J. A. Ireland, Louisville, Ky., made an address on "Puerperal Fever," which elicited much discussion. Drs. Moore, Bauer and Schenk, of St. Louis, making extensive remarks.

A committee to report on the subject discussed was appointed, and consists of Drs. Ireland, Schenk, Maughs and Dr. Bauer who was also made chairman of a committee to report on Septics and Antiseptics, and composed of Drs. Ferrell, of Centerville, Ill., Harris, of Vincennes, Ind., and Holloway, of Louisville, Ky.

Dr. Link's paper was then discussed by Drs. Boyd, Bauer, D. Prince, Mudd, Ferrell, Booth and Link.

The thanks of the Society were returned for the invitation extended to attend the promenade concert given at the Chamber of Commerce, in honor of the Mississippi River Improvement Convention.

Dr. Link described his method of amputation, which was considerably discussed.

EVENING SESSION.

Dr. A. E. Prince of Jacksonville, Ill., read a paper on "Associated Movements of the Eyes, and Prismatic Glasses," and was followed by Dr. John Green, of St. Louis, who gave demonstrations of some visual anomalies.

The Committee on Nominations made the following report, which was accepted.

President.—Dr. J. M. Holloway, of Louisville Ky.

Vice-Presidents.— Dr. Arch. Dixon, of Henderson, Ky.
Dr. T. D. Washburn, of Hillsboro, Ill.
Dr. J. C. Beaver, of Vincennes, Ind.
Dr. S. Williams, of Cincinnati, O.
Dr. Edw. Borck, of St. Louis.

Secretary.—Dr. G. W. Burton, of Mitchell, Ind.

Treasurer.—Dr. F. W. Beard, of Vincennes, Ind.

The next meeting place to be Terre Haute, Ind., and the time, Sept., 1882, Dr. Link, of Terre Haute, being Chairman of the Committee of Arrangements.

THIRD DAY, Oct. 27.—MORNING SESSION.

The opening paper was by Dr. Griffiths, of Springfield, Ill, on "Headache—Cause and Cure." Drs. Ferrell, Hughes, Reber and Booth, discussed this at some length, and then Dr. Arch. Dixon, of Henderson, Ky., reported the case of Dr. Cook, who had sclerosis of the cord. After some discussion, Dr. Hughes read a paper on "Insanity in Relation to Law, with Some Reflections on the Case of Guiteau."

"Reflex Contraction of the Corpora Cavernosa," was read by Dr. Jno. T. Hodgen, which was discussed by Drs. Ford and Bernays, of St. Louis.

Dr. A. D. Williams, of St. Louis, read a short paper on "Congenital Ptosis," and Dr. W. Hutson Ford, of St. Louis, read some notes, on a "Case of Prostatic Abscesses."

AFTERNOON SESSION.

Dr. E. Walker, of Evansville, Ind., read a paper on the "Applications of Static Electricity."

Dr. Coles, of St. Louis, then gave a description of a remarkable case of ovarian tumor. Dr. H. Wardner, of Anna, Ill., read

a paper on the "Care of the Insane," which was discussed by Drs. Hughes, Stevens, and Johnston, of St. Louis, Dr. Prince, of Jacksonville, Ill. and others.

Dr. T. F. Prewitt, of St. Louis, presented a pathological specimen—cancer of the kidney, from a four year old child.

The usual number of resolutions, thanking the rail-road companies, hotel proprietors, daily newspapers, the outgoing president, etc. were made, and the Society adjourned to meet at Terre Haute, Ind., in Sept., 1882.

Periscope.

ARTICLE LXIX.

ABSCESS OF THE TIBIA—TREPANATION—CURE.—Dr. Heurtaux of Nantes (*Revue de Therapeutipue, 1881,* p. *291*),gives the case of a woman 43 years of age, enjoying good general health, without scrofulous or syphilitic history, who received a blow on the crest of the left tibia. She felt severe pain at the moment in the bruised spot, and this augmented week by week until her entry into the hospital. On examination there was neither redness nor swelling, but the patient complained greatly of pains, much worse at night, the limb extremely sensitive to the touch, and the pain aggravation by pressure. The general condition remained good. There was, however, a sudden aggravation of the local symptoms,— redness, increase of pain, swelling, extending to the whole limb, including the foot; no fluctuation; insomnia, loss of appetite, pulse 100 to 102. Dr. Heurtaux, having diagnosticated osteo-myelitis of the tibia, performed the following operation. The soft parts were incised to the extent of six or seven centimetres; the periosteum was incised in its turn and then turned back to the right and left; there was no pus found underneath, but the bony surface was roughened. A trephine was applied at the point where the maximum of pain was felt, and a small quantity of phlegmonous pus escaped.

Some days later an abscess formed in the soft parts, which healed rapidly after a single incision. Afterwards new signs of osteo-myelitis of the lower portion of the leg appeared. A second operation, similar to the first, was practised at this point, the results of which were not less happy. The patient was entirely cured.—[*Phil. Med. Times.*

NEW TREATMENT FOR FISSURE IN ANO. —Dr. Aguilar (*Giornale Int. delle Scien. Med., 1880,* Fasc. *8;* From *Siglo Med.*), after having spoken of the frequency of this malady and the established methods of treatment, says that there are two elements in it to combat,— the constipation which accompanies and precedes it,

aud the lesions belonging to it. The former is overcome by podophyllin in doses of five centigrammes taken at night, and emollient and narcotic hip-baths, which relax the muscular fibres of the sphincter and calm the erethism. On the second day of treat ment the whole anal orifice, as far as the internal sphincter, is painted, by means of a small feather, with a mixture of one hundred grammes of alcohol and forty-five of chloroform. This operation is repeated twice a day, morning and evening, preceded by a hip-bath. Pain during the application is quite severe, though by no means so great as in other procedures. The history of four cases successfully treated by the above method is appended.—[*Ibid.*

THYROIDECTOMY.—Last year Dr. Tillaux reported to the Academy of Medicine a remarkable observation concerning a thyroidectomy made by him at the hospital Beaujon.

He relieved a young woman affected with an enormous goitre which continued to grow and which finally threatened the life of the patient. Infact, the tumor was accompanied by accidents of the gravest nature, and a suddenly fatal termination was feared from the frequent attacks of suffocation. Furthermore, it was observed in the case of this woman that phenomena existed analogous to those which the disease of Basedow presents. She was affected by a considerable exophthalmia, and, on the part of the heart, serious troubles occurred to complete the group of symptoms, classically designated by the name of exophthalmic goitre.

A difficult operation and happily executed, the removal of the tumor and of the thyroid body, saved the threatened life of the patient and caused all the cardiac, ocular and respiratory symptoms to disappear.

In several weeks, in spite of secondary hemorrhage of some importance, the patient was completely cured and able to resume the ordinary duties of life.

The skillful and bold surgeon of the hospital Beaujon has recently performed a new operation which is the companion of the first. He relieved this time a man thirty years of ages, affected likewise with an enormous tumor of the neck in manifest relation with the thyroid body, and accompanied as in the first case by accidents of the most threatening character This time also, the complications of suffocation and dysphagia, the patient presented the triad of symptoms which constitute exophthalmic goitre.

As the progress of the tumor was unchecked, as all medication had failed, and as the operation was requested with much solicitation, M. Tillaux encouraged by his success of last year, resolved to interfere.

On the 17th of May everything was ready for the operation. The patient was brought into the room where he was to suffer, and the anæsthetic administered; but the gravest symptom occurred and the administration of the chloroform was interrupted before the operation was commenced.

In the face of this complication the surgeon did not consider it proper to take alone the responsibility of an interference which announced itself under such grave auspices, and he demanded counsel from his colleagues of the Society of Surgery. The opinions were divided. MM. Verneuil and Duplay advised its abandonment, on account of the operative difficulties and dangers in the belief that the operation would be unsuccessful on account of the vascular nature of the tumor. On the other hand, M M. Labbe and Perrin were of the opinion that its extirpation might be attempted as a last chance, and this was the opinion that M. Tillaux adopted.

The result likewise fully justified this choice, for the operation, conducted with greatest skill was performed on the 21st of May, without serious complications. Following the advice of M. Trélat, M. Tillaux had placed the patient under the combined influence of morphia and chloral, but the effect of this practice was almost null; the patient was conscious and sensible thoughout the operation, which he likewise bore with the greatest patience and the greatest courage. He was, he said, sustained in his firmness by a very remarkable phenomenon. As the extirpation advanced and when the tumor left his neck, he felt his oppression and restraint diminish and a great feeling of strength to return. The exophthalmia diminished considerably when the operation was accomplished.

The cardiac and respiratory symptoms disappeared, cicatrization progressed so rapidly that in six days the wound was completely united. Unfortunately an intercurrent erysipelas intervened to retard the completion of the work of repair; nevertheless the patient completely recovered and returned home. The microscopical examination of the tumor demonstrated its sarcomatous nature. Hence, are feared the accidents of general infection so common to these tumors. In fact, about a month later,

pulmonary symptoms appeared, and the unfortunate man died several days afterwards in consequence of this general infection —[*La Tribune Médicale.—Lancet and Clinic.*

DO THE AURICLES CONTRACT ?—Dr. G. A. Harman, of Lancaster, Ohio, holds the opinion(*Med. Record*) that the auricles of the heart do not actively contract. He bases this view upon the anatomical reasons, that their walls have very little, muscular fibre, being composed chiefly of serous and fibrous tissue ; that their capacity is much less that of the ventricles ; that their openings for the exit of blood are so much larger than the openings for entrance ; and that the veins emptying into them have no valves. He also gives certain mechanical reasons : If the auricles contracted, the blood would be arrested in the veins, or even forced backwards ; the auricles would only discharge their own contents, which would be insufficient to fill the ventricles ; if a hollow needle be thrust into the auricle, the blood merely wells up through it whereas it spurts up if thrust into the ventricle.—[*Ohio Med. Journal.*

MASSAGE.—Dr. JAMES I. TUCKER, writes as follows on this subject : Inasmuch as massage is attracting considerable attention now-a-days, and is thought by many to be a notion of modern times, it occurred to me that the following, medico-historical data might be no less interesting to your other readers than they have been to me.

In India the massage method was in vogue at least two thousand years ago, for a Greek historian, who was in that country 300 years B. C., related that at that time there existed among the Brahmins an order of physicians whose treatment consisted in regulating diet, enjoining abstemiousness and outward manipulations. At the present time, in the valley of the Ganges, there is an order of Brahmins, whose method of treating diseases is a hygienic rubbing and shampooing after the bath. The patient lies outstretched upon a lounge, and the Brahmin kneads his limbs as if they were dough. Then he strokes the body lightly with the palms of his hands, perfumes and anoints him, and concludes by bending and stretching the neck and joints of fingers and toes.

The same method is in vogue in the Orient, especially among the Turks. The beneficiel effects of massage were likewise

known to the ancient Greeks and Romans, for after their bath they had their slaves rub, knead and anoint them, and Hippocrates considered it important that the physician, among other things necessary to the mastery of his art, shou'd uuderstand massage. Asclepiades, who lived one hundred years before Christ was likewise an advocate of this method of healing.

It was a Swede name Pehr Hewrik Ling, who, while founding a sysem of gymnastics upon purely anatomico-physiological principles, introduced passive motion. This occured in the second decade of this century, and the students of Ling brought the massage method to great perfection. For a long time all kinds of passive motion, like stroking, patting, pounding, kneading, rubbing, pinching, stretching, etc., have been applied with great success.

Of late a Hollander named Metzger, who has achieved brilliant success by the help of massage, attracts to himself both the learned and the laity, some to place themselves under treatment and some to learn his method.

His method consists principally of four kinds of manipulation, to wit:

1. *Effleuvage:* slow and gentle stroking with the palms of the hands.

2. *Massage à friction:* forcible stroking and rotary rubbing movement in alternation, either with one hand or with both hands.

3. *Pétrissage:* kneading.

4. *Tapotement:* pounding, beating and slapping with the flat hand or its edge, and with the closed fist.

So important an adjunct to the medical art as massage, that rests upon a scientific basis, and endorsed by so many German, French, English and American physicians, including Esmarch, Charcot and Mitchell, should not be overlooked by any of the members of our profession—[*Chicago Med. Jour. and Examininer.*

TREATMENT OF SMALLPOX BY ETHER AND OPIUM..—In a recnt cséance of the Academie de Medecine, M .Du Castel read memoir on the above subject. In his service in the Hôpital St. Antoine he observed seventy-six grave cases; thirty-six among

these, having confluent small pox were treated in this way. In almost all the cases suppuration did not take place, and dessication occured from the sixth to the ninth day. The following observation may be taken as typical. A girl of twenty-two entered the service on the day of the eruption, with grave general condition, extreme agitation, skin scarlatiniform in color and covered with small papules placed very near each other.

Temperature 40° (Centigrade).

The next day the contents of a hypodermic syringe of ether was injected; fifteen centigrammes of thebaic extract and fifteen drops of sol. ferri perchlorid. in 125 grammes of water, was administered.

On the 29th inst. (three days latter) a few, scattered vesicles were formed; dessication took place without suppuration, and was complete two days later.

The risk of abscess following the ether injection is avoided by inserting the needle deep into the tissues.

This treatment appears much more efficacious in vaccinated persons.

The best method of applying the treatment is to inject the contents of a hypodermic syringe of ether morning and evening, giving fifteen to twenty centigrammes of extract thebaic and fifteen drops of sol. ferri perchlorid., much diluted in the course of the day. M. Du Castel in concluding hoped that further research would be devoted to the subject—[*Med. and Surg. Reporter.*]

MANAGEMENT OF THE THIRD STAGE OF LABOR.—Dr. Max Runge,(*Journal of Psychological Medicine.*) in a communication to the Obstetrical Society of Berlin, criticises the current teaching regarding the management of the third stage of labor. He takes as the special text of his animadversions the directions given by Fritsch, which are to the effect that *immediately* after the birth of the child the uterus is to be seized by the hand on the abdomen, and the placenta pressed out. Dr. Runge states that for a long time he faithfully carried out this method; and so did others in Prof. Gusserow's clinique. The objection to it is, that the squeezing out of the placenta is begun before tha organ has become completely separated; consequently, when the placenta has been expelled, often a bit of the membrane

may yet be attached to the uterus and be left behind after the placenta has been taken away. While this teaching was carried out it was quite a common thing for a pair of forceps to be needed to remove these retained pieces of membrane, and secondary post-partum hemorrhage become extraordinarily frequent. He refers to a former communication of his own, in which, treating of post-partum hemorrhage, he expressed his surprise that within a short time he had many cases of this complication. Then he supposed this frequency was fortuitous. Now he knew the reason, which was his undue haste in pressing out the placenta. Midwives are now instructed, after the birth of the child (and having, of course, seen that the uterus is sufficiently contracted upon the placenta to prevent hemorrhages), to wash and dress the infant before proceeding to press out the placenta. The separation of the placenta and membranes, Dr. Runge holds, is not complete until, upon an average, about a quarter of an hour after the birth of the child; and therefore about this length of time should be allowed to elapse before the placenta is pressed out. Since instructions based upon this principle have been given to the students and midwives of the Strasburg Obstetric Clinique post-partum hemorrhage has become of very infrequent occurrence.—[*Canada Medical Record.*

MIMIC OR PHANTOM ANEURISMS.—Dr. Sammuel West describes eight cases of temporary pulsating tumors, situated in the outer sub-clavian region, and accompanied with thrill and murmur, and sometimes dilated veins. In all, the remarkable feature was the temporary duration of these symptoms, which appeared and disappeared, usually associated with states of exitement or quietude. The prominence of the tumor, with the other physical signs, suggested aneurism of the axillary artery, but in all the cases the total subsidence of the symptoms disproved this view. Of the cases, seven were males, and came to Hospital complaining of debility or nervousness; and in four of discomfort in the subclavian region. In half the swelling was unilateral, and in the other half more marked on one side than the other. A murmur was heard in all, and a thrill noticed in six. Dilated veins were present in five on the affected side. The signs were unaffected by position, but readily produced under excitement. With the exception of the pulsating abdom-

inal aorta, to which Sir James Paget applied the term "mimic aneurism," this condition has not been described. Dr. West explains it as a disturbance of enervation, the sympathetic being at fault. It might "produce the required result by exciting contraction of the peripheral portion of the vessel, this being followed by secondary mechanical dilatation immediately above the contracted part."—*St. Bartholomew Hospital Reports, vol. xvi. in Canada Med. and Surg. Jour.*

RECTAL EXPLORATION AND DIAGNOSIS.—DR. CHARLES B. KELSEY, of New York, contributes an article to the "*New York Medical Journal and Obstetrical Review*" for October, 1881, which contains several valuable suggestions and the description of some methods which are original. After referring to the many errors which arise in this department of surgery from the lack of care and proper examination, he goes on to answer the question of how to make a rectal examination which shall be at the same time thorough and as free from pain as possible. In his own practice he uses an artificial light of his own arrangement and a forehead mirror, which enable him at all times to illuminate the rectum thoroughly, while by the side of the examining table stands an instrument-case fitted with all necessary appliances. In addition to these things he insists strongly on the necessity of having a water-closet communicating with the office so that injections may be administered and the bowels moved at the times of the examination. In the matter of specula he confines himself almost exclusively to Sims', finding this the best of all after the sphincter has been stretched, and not finding any that give a fair view of the parts until this has been done. He relies, however much more upon the finger for a diagnosis than upon any artificial helps, and claims that with it, after the necessary skill has been acquired, the slightest pathological changes may be detected. In the matter of bougies he also has his own preference, and recommends a soft-rubber instrument, similar to that of Wales, only more flexible. For detecting strictures high up in the rectum or in the sigmoid flexure little confidence is to be placed in a bougie of any sort, and the writer relies almost entirely upon manual examination either through the abdominal wall or by passing the hand into the rectal pouch. The latter method he holds to be free from danger and certain in its conclusions.

THE NERVOUS SYMPTOMS OF LITHÆMIA.—Among the subjects which have been of late more clearly recognized, is that of lithiasis or lithæmia. Able researches have done much to direct the attention of the medical mind to it, and the outcome is that it is now distinctly known that a state exists which is closely allied to gout, a half-gout that does not bring with it the inflammation, pain, and obvious swellings of the gouty paroxysm, but which works more silently, is characterized by the abundance of lithic acid or lithates in the urine, frequently co-exists with signs of ill-assimilation of food, and with aches and pains unaccompanied by any perceptible changes of the aching part. Hepatic derangement is also often found; and from this end of the chain the links are stretched through many vague, almost nameless, symptoms to outbreaks of true gout, or to structural change in heart, vessels, and kidneys. To the peculiar, often obscure, nervous symptoms arising from this condition of the blood, attention is pointedly directed by Prof. DA COSTA, in a clinical paper on the "Nervous Symptoms of Lithæmia," in the number of the *American Journal of the Medical Sciences* for October, 1881. One of the most prominent symptoms, according to Da Costa, is vertigo. This, properly speaking, is not the *vertigo a stomacho læso* of Trousseau, although gastric derangement may be associated with it, having but little connection of a direct character; or one may exist independently of the other, as well as of the more obvious symptom of lithæmia. Each symptom of the disease is carefully studied by Dr. Da Costa, and the salient points in the clinical history are illustrated by a number of original cases. In the treatment, the correction of the state of the blood is of primary importance. Careful regulation of the diet, reducing both nitrogenous elements and hydrocarbons, forbidding alcoholic drinks, and allowing plenty of water, while systematic exercise, especially in the open air, and due attention to the state of the skin, are all essential. Medicines favoring excretion, purgatives, especially the natural mineral waters, which, at the same time, are diuretic, are to be preferred. Citrate of lithium is particularly serviceable, iodide of potassium and colchicum less while remedies, having a direct action upon the nervous system, as Da Costa points out, are to be avoided or used very sparingly, and, as a rule, to be reserved for special occasions.

WHY DOES LABOR COME ON?—Dr A. Geyl, of Dordrecht, in the *Archiv für Gynäkologie*, applied the Darwinian theory to answer the question, to which so many more or less imperfect replies have been given: Why does labor come on? and, Why does it come on at the end of the ninth month? Dr. Geyl's view is this: that it depends upon an inherited tendncy to expel the child as soon as it has reached the stage of development most favorable to its separate existence, and yet permitting of its passage though the pelvis. A woman with a tendency to expel the child too soon, before it was properly viable, or to retain it too long, till it was too big to traverse the pelvis, would not, of course, transmit this peculiarity to any descendant. And it is obvious that the offspring of those mothers who expelled their young at precisely the most favorable time, when the greatest degree of development compatible with safe delivery had been reached, would have a better chance of surviving than those born a little too early or too late. Dr. Geyl explains the wide differences in the duration of pregnancy by supposing that peculiarities in this direction are transmitted; *i. e.*, given a race of women with small pelves, it would be to the advantage of that race, if with the small pelvis went a tendency to the expulsion of the child before it had got very big; in the absence of that tendency the race would die out. If this were the only cause, it is plain that in the same woman pregnancy ought to always last nearly the same length of time. Dr. Geyl adduces some, but very incomplete, evidence in support of his theory. The theory, however, if true, is not an explanation. We have yet to know the mechanism by which such adaptation is effected.—[*Med. and Surg. Reporter.*

IODOFORM IN PORRIGO DECALVANS.—Speaking of iodoform, Dr. W. Frazer says, in the *British Medical Journal:* I feel desirous of directing special attention to the properties it possesses of promoting the cure of that very troublesome affection porrigo decalvans. The best results that I have, as yet, obtained in this disease have followed the application of vesicating collodion over the affected spot, and for a short distance around it. Previous to this it is well to epilate all diseased hairs over the spot; and, when the blister is healing, the ointment of iodoform should be applied night and morning, or oftener, and by this treatment the hair soon appears in a healthy condition. A few weeks since a

case came under my charge, where croton oil had been applied with exceptionally disastrous results, and which may serve as a caution against its use. The little sufferer, a strumous child of about six years of age, had some diluted croton oil rubbed into the spots of porrigo scattered over her head; it produced violent local irritation which extended over the entire scalp and the face where confluentpatches of exudation formed, and much of the, back of the neck was also affected, the gland of the neck becoming swollen. The entire body and limbs became of a deep-red color, like scarlatina or erysipelas, and studding this were numerous suppurating points. This affectionmay have originated through the child applying its hands to the scalp saturated with the croton oil and then transferring the irritant to the rest of the body; but I am inclined to think this would only explain some of the results, and that there was an outbreak of cutaneous rash, like what we see in acute eczema. At all events, the condition was one of extreme misery, and the poor sufferer was equally distressed in mind, declaring that she would go "mad" with the constant burning pain, tingling and irritation. I applied vaseline over all the body, as in a case of extensive burn, and after a fortnight the attack subsided, the cuticle desquamating. The ointment of iodoform was then used for the eruption of porrigo, which, it may be stated, was still increased and extending, dispersed through the hair in scattered patches; the result, after a time, was all that could be desired. It is needless to describe the constitutional treatment which was employed at the same time. It is well to be cautious in applying croton oil unless with great care and discrimination; some skins possess an exceptional degree of sensibility to the action of this irritant, which is quite capable not only, of affecting the special parts to which it is applied, but, in such individuals of originating an acute dermatitis over the entire body as it did in this girl.—[*Med. and Surg. reporter.*

THE ADAPTABLE POROUS FELT SPLINT.—Our readers will probably have noticed the advertisement of the Ahl Adaptable Porous Felt Splint Co., in our advertising pages. If they have not, we would call their special attention to it. We have known and used this splint for many years, and pronounce it, emphatically not only the best splint in the market, but the only manufactured splint which a surgeon ought to use. Any one who has once tried a set of them and learned their manifold

advantages will not practice without them. They are, indeed, especially in their present improved form, as near the perfection of a splint as we can imagine. In years past we have published various articles upon them, and a longer experience more than confirms all the good that has been said of them.

We strongly advise our readers to apply to the company for a descriptive illustrated pamphlet, which is sent on application, and which will inform them of the details about these, in our opinion, quite unequalled surgical splints.—[*Med. and Surg. Reporter.*

DEATH FROM THE USE OF THE NASAL DOUCHE. ROBERT N. TAYLOR, M. D., TOLLESBORO, KY.—F.; male; white; aged 55 being afflicted with naso-pharyngeal catarrh, of average severity, procured, upon his own responsibility, one of those much-advertised articles—a nasal douche—emanating from a concern which rejoices in the grandiose title of "The World's Dispensary." But a douche is a douche, wherever it comes and this douche is precisely similar in the method of its working, to the orthodox douche of Weber or Thudicum; flooding of the middle ear being a frequent, unfortunate result of the use of any form of apparatus which fills the naso-pharyngeal cavity with fluid.

F. used this douche for some time and then consulted the writer in regard to a severe pain in his left ear, which had made its appearance after using the douche upon a certain occasion, and had already existed several days. He was directed to abstain from further use of the douche; to make warm applications to the left ear, and to call again in a few days, the latter he failed to do, and was not seen again for two weeks, when a hasty summons called me to him on the morning of February 7th 1880. He was suddenly seized the previous night, with a severe chill, followed by high fever, delirium appearing almost simultaneously with the fever. When seen at 8 A M., he presented delirium of a low, muttering type; temp. 103° F. I learned from the family that he had complained of severe pain in left ear, constantly, since last seen two weeks previous. There neither was nor had been any discharge from external ear. Owing to the restless condition of patient, it was impossible to make a satisfactory examination of the ear, or to catch a glimpse of the drum membrane.

Diagnosed cerebral meningitis, resulting from a middle ear inflammation, the latter being the result of flooding the middle ear, while using the nasal douche. The patient's condition was regarded as utterly hopeless, from the beginning. The delirium gradually gave place to deep coma, and, at the expiration of fifty-three hours after the initial chill, F. died.

No autopsy was allowed, but from the history of the case, the sudden onset of the chill, the appearance of delirium simultaneously with the chill and fever, and the delirium quickly followed by profound coma, the conclusion seems fully to warrant that either a collection of pus found its way from the tympanic into the cerebral cavity, or inflammation traveled from the middle ear along the sheath of the vessels, which pierce its roof thus reaching the meninges; and that the death of this man is to be fairly attributed to the use of the nasal douche.—[*The Medical Herald.*

HYPÆSTHESIA OF THE THROAT.—One of the least known subjects in laryngology is that of the neuroses of sensation. Dr. L. Elsberg (*American Journal of the Medical Sciences* October. 1881) calls attention particularly to several varieties of defective sensation as observed in the larynx, functional in character, and not dependent upon structural throat lesions, nor upon other conditions in which the particular diminution of sensibility has a symptomatic significance. The term hypæsthesia is preferable to anæsthesia where the loss of sensation is only partial; in the same manner "hypalgia" expresses a diminution of the sense of pain, not necessarily accompanied by diminution of other sensations. In ordar to determine the tactile sensibility of the larynx. Dr. Elsburg had devised an instrument which was presented at the recent International Medical Congress, at London. The same instrument is also adapted to testing the sensibility to pain and temperature. Dr. Elsberg concludes that "every excessive variation of ordinary sensibility must be considered as abnormal, even if we do not yet know its clinical importance."—[*Chicago Medical Review.*

SURGERY IN THE MIDDLE AGES.—Dr. Lyman, writing in the *Popular Science Monthly*, refers to the low condition of surgery when it was in the hands of the barbers and when surgeons

were called "skinners." He quotes a passage from Sprengel, saying that in Germany no artisan would employ a young man as an apprentice without a certificate that he was born in marriage and of honest parents, and came of a family in which were found neither barbers, bathers, nor skinners.—[*Pacific Med. and Surg. Journal.*

CHEAP ANTISEPTIC AND DISINFECTANT.—Prof. Beilstein has made comparative experiments with disnfectants to determine their relative value as such. He arrives at the conclusion that aluminum sulphate is an effective and at the same time the cheapest substance arresting putrefaction. If sufficient time is given for its action (two or three days), a four per cent solution will effect more than a fifteen per cent solution of ferrous sulphate, thereby counter-balancing any difference in price in favor of the latter. Besides, a very crude article might be manufactured from clay and sulphuric acid, which would be very cheap indeed. A four per cent solution of aluminum sulphate will kill all infusorial life, no matter how tenacious. However, this substance has no power of destroying putrid odors, and for this, carbolic acid seems to be the only available article. The author inclines to the belief that this disinfectant does not merely supplant foul odors by its own, but that the phenol enters into actual combination with the skatol of the fæcal effluvia. He therefore recommends aluminum sulphate, combined with a little phenol, as the most effectual as well as economical for rendering decaying organic substances, both odorless and inocuous.—*Pharm. Centralh. from Deutsche Viertelj.*

Correspondence.

ARTICLE LXX.

EDITORS JOURNAL:—Previous to the past week's rains many *cisterns* in the country were dry. Now the rains are putting plenty of water into them, which will be used for drinking. QUESTION.—Will this water absorb the malarial poison, generated at this season of the year in such large quantities; and will it, when drank, produce *malarial fever in the drinkers?* Maybe Dr. Hurt could answer. What do *you* think of it?

Respectfully,

Manchester, Mo, Sept., 30th R. M. HIGGINS, M. D.

ANSWER.

The above having been referred to me I answer unhesitatingly in the affirmative, but in doing so I do not wish to be understood as predicting that there will be an increase in the prevalence of malarial diseases as a consequence. For, while I have no doubt that the rain water, now falling so abundantly throughout the country, is capable of absorbing a great deal of malarial poison and carrying it into the springs, wells, and cisterns, and thereby infecting the drinkers, I think the evil will be more than counterbalanced by the good effect of the washing of the earth's surface and freeing it and the atmosphere of there redundant malarious impurities.

St. Louis, Mo. Oct 4th. G. HURT, M. D.

Book Reviews.

Article LXXI.

Index-Catalogue of the Surgeon-General's Office, United States Army. Authors and Subjects, Vol. II. Berlioz-Cholas. 4to. pp. 990. (Washington: Government Printing Office. 1881.)

This, the second volume of one of the most stupendous efforts ever made to classify Medical Literature, is before us and is equal in all respects to the first volume which elicited so much praise. Considering the vast amount of labor involved in such an undertaking, it seems marvellous that it should be accomplished in so short a time. The accuracy of the work has been such that nought but praise has been accorded to the first volume and this, the second is fully up to the standard established in the first. It is one of the American works which has done more for our Medical Literature than almost any other.

An idea of the vast amount of labor involved in this work may be formed from the following list of subjects classified: This volume includes 12,459 author-titles, representing 4,934 volumes and 9,810 pamphlets; it also includes 11,550 subject-titles of seperate books and pamphlets, and 37,310 titles of articles in periodicals. This is all arranged in a manner that is as labor-saving as it is possible to make it. Dr. Billings has secured himself a world-wide reputation through this work and one which we think is well deserved.

It may not be inappropriate in this connection, to say a few words in relation to a periodical which has not met with the support which it deserved at the hands of the profession. We refer to the *Index Medicus* which is a monthly continuation of the book under consideration, and which has been carried on at a pecuniary sacrifice. It is a very valuable reference book of current Medical Literature, and an index, trustworthy and accurate, of what is being written to-day. In spite of its universally acknowledged intrinsic merits, it is languishing for the want of proper support. We hope that every physician, who holds the advancement of his profession at heart, will endeavor to aid such a worthy enterprise in a more substantial manner than by mere words of encouragement. Arrangements have been made with the publishers of this periodical by means of which those desiring to subscribe may do so, at reduced rates. We would

like to see every subscriber of the JOURNAL aid this worthy enterprise by sending subscriptions for it for 1882.

To return to the book before us. It is a most complete mirror of Medical Literature from the fact that every medical Journal published is received and the articles therein properly classified. Not only this but proceedings of Medical Scocieties, reports of boards, etc., also find an appropriate place in this collection.

The work is being vigorously pushed forward and upon its completion this will be the most valuable work, of its kind, extant.

AMERICAN NERVOUSNESS. Its Causes and Consequences. A supplement to Nervous Exhaustion (Neurasthenia) by GEORGE M. BEARD, A. M. M. D., pp. 352. (New York: G. P. Putnam's Sons. 1881.)

In the first chapter, Dr. Beard proceeds to acquaint his reader with the nature of nervousness which he defines as nervelessness—a lack of nerve-force, detailing a large number of symptoms already given in his work on Neurasthenia and which although very lenghthy is yet far from complete, as the author himself observes. In the same chapter he gives his reason for adopting the term American nervousness for the title of his book. He states that while "modern nervousness is not peculiar to America yet there are special expressions of this nervousness that are found here only; and the relative quantity of nervousness and of nervous diseases that spring out of nervousness, are far greater here than in any other nation or history, and it has a special quality." All of which we think must be taken with some grains of allowence.

In the second chapter, are considered the signs of American nervousness. He first considers whether nervous diseases are on the increase or not in this country and concludes that they are. He states that there is an increase of the nervous diathesis, increased susceptibility to stimulants and narcotics, inebriety is increasing, the sensitiveness to drugs is greater. Thirstlessness is one of our characteristics, there is sensitiveness of digestion, an increase of near-sightedness and weakness of the eyes, an early and rapid decay of the teeth, increasing frequency of baldness, sensitiveness to heat and cold, and so many more defects of a similar nature that we refrain from giving any more as we think enough have been enumerated to show, from Dr. Beard's standpoint, that we are rapidly degenerating. All these he considers signs of American nervousness, and we must confess that if what he states is the true status of affairs it is a matter of surprise to us that the American nation, as such, still exists.

In the third chapter, the author considers the causes of

American nervousness. Among other things mentioned in this chapter we find the following: "The neuroses, or functional nervous diseases—of which sick-headache, neurasthenia (nervous exhaustion), neuralgia, spinal irritation, and hay-fever are types—are vastly more frequent and more complex in the Northern and Eastern part of the United States than in all the world besides." This he attributes to the sudden changes of temperature experienced in the districts where these diseases prevail. The predisposing causes he considers to be: modern civilization, climate, race and the nervous diathesis. Among the exciting causes are: functional excess of any kind.

In the next chapter is considered the longevity of brain-workers and the relation of age to work. We learn from this that the average longevity is 50 years; that of clergymen 64, of farmers 64, of lawyers 58 and of physicians 57. The causes of the great longevity of brain-workers is due to a variety of circumstances, among which may be mentioned:

1. The inherent and essential healthfulness of brain-work, when unaccompanied by worry.

2. Brain-workers have less worry and more positive comfort than muscle-workers.

3. Brain-workers live under better sanitary conditions than muscle-workers.

4. The nervous temperament, which usually predominates in brain-workers, is antagonistic to fatal, acute, inflammatory disease, and favorable to long life.

5. Brain-workers can adapt their labor to their moods and hours and periods of greatest capacity for labor better than muscle workers.

This is perhaps the most interesting chapter in the book.

The last chapter on the physical future of the American people concludes as follows: "The typical American of the highest type will, in the near future, be a union of the coarse and the fine organizations; the solidity of the German, the fire of the Saxon, the delicacy of the American, flowing together as one—sensitive, impressible, readily affected through all the avenues of influence, but trained and held by a will of steel; original, idiosyncratic; learned in this—that he knows what not to know, laborious in knowing what not to do; with more of wiriness than of excess of strength, and achieving his purposes not so much through the amount of his force as in wisdom and economy of its use."

Dr. Beard's present work has already received some severe strictures and while we cannot agree with him in all particulars there are still enough home-truths in it to make it worthy of a careful perusal. We hope that all those, interested in the subject, will give it their attention whilst reading it, as they will

find many useful hints in it although they may not agree with him in the main.

GESCHICHTE DER DEUTSCHEN MEDICIN. VON HEINRICH ROHLFS. Die Medicinischen Classiker Deutschlands. Zweite Abtheilung. 8 vo. pp. 566. (Stuttgart: 1880.)

(History of German medicine, by H. Rohlfs. vol. II. The German classics.)

The erudite editor of *Deutschen Archiv für Geschichte der Medicin und medicinische Geographie*, has here presented us with a work of the greatest intrinsic value, as it successively traces the advances made in medicine by Germans, and the great reformers who have from time to time appeared. It is not a mere recital of the events which occured in the lives of the illustrious men presented, but it is an exhaustive critique of the causes, and developments which lead to the different perturbations in the various eras of German medicine, and a critical analysis of the important parts played in these changes by the individuals whose works and lives are considered.

The book before us is the second volume, the first having appeared a number of years ago. The ill health and many duties of the author have retarded the appearance of succeeding volumes, but they are only the more appreciated from being so long delayed.

The first German physician considered in this volume is Lebrecht Friedrich Benjamin Lentin, the German Hippocrates. He was born in Erfurt, April 11, 1736, and his parents although not wealthy provided a thorough and careful education for their son. At the age of thirteen he entered the University. In 1754 he went to Göttingen to study medicine, and in 1756 was already invested with the title of Doctor of Medicine. The author follows Lentin through his whole career, and gives very just criticisms of his acts and works. Lentin was very profuse in his writings on Epidemiology especially, more so than upon any other subject. However he wrote upon Diagnosis, Therapeutics, Pathology, Surgery, Ophthalmology, State Sanitation, Children's Diseases and Otology. It is no wonder that Rohlfs should call him the Hippocrates of Germany. "He was the champion of learning, a fearless apostle of art and a devoted disciple of the unseen medical temple. It is a deserved and elevated position that he has earned among the German Classics."

The next one considered is Samuel Gottlieb von Vogel the Father of German Sea-Bathing. Von Vogel was born in Eufurt, March 12, 1750, and in 1753 his father was professor in the University of Munich. At the age of fifteen, Vogel entered the University in which his father taught, and in 1771, he wrote for and obtained the Doctorate.

He was a successful practitioner; in 1784 being created court-physician to the King of England. He was a prolific writer and indefatigable worker, and won many crosses, and medals of honor and merit. He wrote upon nearly every medical subject, but more particularly upon sea-bathing.

Johann Peter Frank, the founder of Sanitary Police; and Kurt Sprengel, the Pragmatic, constitute the remaining names considered in this part of the work.

The next part commences with a history of the German reformers of Midwifery, among whom we are introduced to Johann Georg Rœderer, Lukes Johann Boer, Justus Heinrich Wigand and Franz Carl Naegele. These are well-known names some of which we daily hear quoted as authorities, and to whose works students yet refer with avidity.

Space and time is not allowed us to make as thorough and exhaustive an examination of this book as it deserves. The reputation of Dr. Rohlfs, however, is so widespread and so well-known, that the mere mention of his name is sufficient to excuse an impartial hearing. We are much pleased with the work and hope that the next succeeding volumes will make their appearance a little more rapidly than this one has done, although it must be admitted that there is a great deal of work connected with a biography such as he handles it.

We will, nevertheless, impatiently await its appearance and the more so as our appetite has been so keenly whetted by the delicious morsel placed before us in the shape of the second volume.

A MANUAL OF THE PRACTICE OF MEDICINE. Designed for the Use of Students and the General Practitioner. By HENRY C. MOIR, M. D. 12mo. pp. 441. (New York: Steam Press of the Industrial School, N. O. A. 1881.) From the Author.

The present little volume is one in the great army of remembrancers and vade mecums that are yearly issued from the press. It is a very brief *resumé* of the symptoms, etiology, pathological anatomy and treatment of the principal diseases and whilst looked upon with favor by some, this style of condensing subjects is regarded by others as detrimental to students. It has a tendency of encouraging them to "cram" instead of applying themselves diligently and rationally to the study of diseases. The author states that, "this volume has been designed chiefly to aid the medical practitioner and student in refreshing the pathology, etiology, symptomatology, differental diagnosis, and treatment of the more important diseases".

The book comprises the substance of a series of lectures delivered to students and is based upon standard works, such as Niemeyer, Roberts, Loomis, Da Costa, Bristowe, Hartshome and others.

The arrangement observed is a very good one and for a hand-book it is a very good one. We must however declare ourselves against such hand-books for students, as they do not exercise the most salutary influence, leading them to read short notes in preference to the longer and better digested treatises of authors. Besides it deters them from thoroughly appreciating the real difficulties to be encountered and makes them ever confident, from the fact that everything laid down in such mauuals is put in such a manner as to lead the reader to infer that it is fixed and beyond dispute.

However, there will always be a demand for such and we can say that for its size no better one could be selected than the work under consideration. It is very concise and seems to be more like the headings to chapters on the diseases enumerated than attempted elucidatious and may, on this account, induce the reader to turn to more extensive works.

Books and Pamphlets Received.

Article LXXII.

Transactions of the Medical Society of New Jersey. 8vo. pp. 306. (Newark, N. J.: L. J. Hardham, Printer, 1881.)

Transactions of the American Otological Society. Fourteenth Annual Meeting, Newport, R. I., July 26, 1881. Vol. II, Part 5. 8vo. pp. 429-511. (Boston: A. Williams & Co., 1881.)

Landmarks, Medical and Surgical. By Luther Holden, assisted by James Shuter, M. A., F. R. C. S., From the Third English Edition, with additions, by William W. Keen, M. D. 12mo. pp. 148. (Phila.: Lea's & Son, 1881. St. Louis: St. Louis Book & News Co.)

Antiseptic Surgery. The Principles, Modes, Application and Results of the Lister Dressing. By Dr. Just Lucas-Championière. Translated from the Second and Completely Revised Edition, with the special permission of the author and editor, by Frederic Henry Gerrish, AM., M. D. 12mo. pp. 239. (Portland, Me.: Loring, Short & Harmon. 1881.) Price $2.25.

Transactions of the Medical Association of the State of Missouri, at its Twenty-Fourth Annual Session, held at Mexico, Mo., May 17, 18 and 19, 1881. 8vo. pp. 199. (St. Louis: J. H. Chambers & Co. 1881.)

The Physicians' Visiting List for 1882. Thirty-First year of its Publication. (Phila. Lindsay and Blakiston.)

The Compend of Chemistry, with which is included a Second and Revised Edition of the "First Step in Chemical Principles." By Henry Leffmann, M. D. 18mo. pp. 160. (C. C. Roberts & Co. 1881.) Price $1.00.

Favorite Prescriptions of Distinguished Practitioners, with Notes on Treatment. By R. W. Palmer, A. M., M. D. 24mo. pp. 121. (New York: Bermingham & Co. 1881.)

Library of Medical Classics, published semi-monthly, at $8.00 per year, by Birmingham & Co., New York.

No. 1. A Practical Manual of the Treatment of Diseases of the Rectum. By Henry Smith, F. R. C. S. First American,

from the Fourth English Edition. 8vo. pp. 44. Price 25 cents. (Sept. 1, 1881.)

No. 2. Clinical Leetures on the Diseases of Women, delivered in St. Bartholomew's Hospital, by J. Mathews Duncan, M. D., LL. D. F. R. S. E. etc. 8vo. pp. 67. Priee 35 cents. (Sept. 15, 1881.)

No. 3. A Manual of Venereal Diseases, for Students and Practitioners, being a concise description of these affections and of their treatment. By Berkley Hill, and by Arthur Cooper. Second Edition, 8vo. pp. 25. Price 20 cents. (Oct. 1, 1881.)

Optic Neuritis. By A. Friedenwald, M. D. (Reprint from *Maryland Medical Journal*, Aug. 14 and 15, 1881.)

Report of Section on Ophthalmology and Otology. By Samuel Theobald, M. D. (Reprint from Trans. Med. and Chirurg. Faculty of Maryland, 1881.)

Ovariotomy during Pregnancy. By H. O. C. Wilson, M. D. (Reprint from Vol. V. Gynæcological Transactions, 1881.)

Vaccination. A letter to Dr, W. B. Carpenter, C. B. By P. A. Taylor. London: Aug., 1881. (Through Dr. Spinzig.)

Uterine Massage as a Means of Treating Certain Forms of Enlargement of the Womb. By A. Reeves Jackson, A. M., M. D. (Reprinted from Vol. V. Gynæcological Transactions. 1881)

Report to the Illinois State Medical Society, on Laryngeal Tumors. By E. Fletcher Ingalls, A. M., M. D. (Reprint from the Transactions of the Illinois State Medical Society for 1881.)

Never go back on a Travelling Man, or The Boys on the Road, a commercial ballad. Words by Robert Lovell; Music by Charlie Baker. (Cin.: F. W. Helmick.)

On the Importance of Early Recognition and the Repression of Mental Disease in its Incipient Stages. Ry Edward C. Mann, M. D. (Reprinted from the *College and Clinical Record*, Sept. 15, 1881.)

The Prevention of Certain Contagious Diseases by Local Boards of Health. By James Crane, M. D. (Reprinted from Vol. VI, Transactions American Public Health Association.)

Copies of Advertisements in Secular Prints, of Proprietory Medicines, and Patented and Copyrighted Trademark Compounds.

Questionable Remedies. (*New Preparations*, Jan., 1878.)

Legitimate Medicine and Pharmacy vs. Nostrum Venders. (Reprint from the *Therapeutic Gazette*, Jan. 1881.)

Professional Relations between Physicians and Druggists. Provisions and Agreements.

Trade-Mark Pharmaceuticals. Quackery and Regular Medicines. By Geo. B. H. Swayze, M. D. (Reprint from *Therapeutic Gazette*, July, 1881.)

Nostrums Illustrated. (Reprint from *Chicago Pharmacist.*)

Legitimate and Scientific Pharmacy, as allied to Medicine and in opposition to Nostrum Vending. (Reprint from *Medical Annals*, Feb. 1, 1881.)

"Confusion Worse Confounded." (Editorial in *Therapeutic Gazette*, Aug., 1881.)

News Items.

ARTICLE LXXIII.

At the meeting of the St. Louis Medical Society October 15th, 1881, Dr. Dickinson offered the following resolution which was carried:

Whereas: The surgical treatment of our late President James A. Garfield has been, through the public prints, the subject of severe aminadversions and adverse criticisms, the tendency of which is to asperse the fame of the eminent gentleman who directed that treatment

Therefore, to the intent of assuring these gentlemen, *our professional brethren* of our moral support, and by our voice, of rendering nugatory as far as we may the effect of these unjust aspersions, be it

Resolved: That the St. Louis Medical Society hereby, unanimously testifies to its constant approval of the wisdom and fortitude that resisted the public clamor for the adoption of *useless, dangerous and meddlesome* surgery, in demanding "instant search for and removal of the mortal missile"—which wisdom has been triumphantly vindicated by the autopsy made and officially announced.

This Society also expresses its admiration of the vigilance that timely detected imminent complications, and of the skill which averted their immediate consequences; and endorses the surgical and regiminal measures pursued throughout (as publicly reported) in the sustained endeavor to conduct to a favorable termination the issues of that protacted life-struggle, and also commends the great prudence which ever invested the prognostic utterances, eagerly sought for and given to a sympathizing world.

And though, in the unequal encounter with Death, the manifold agencies of medicine and surgery and the unwearied ministrations of loving friends were not ultimately blessed to the restoration of our chief magistrate, this Society hearily records its united testimony that this distinguished life, thus imperiled,

could not have been confided to a *council* of medical men, more sincere in purpose, more acute in foresight, more wise in council or more skilful in execution.

Resolved: That a copy of this action of the Society, duly attested, be transmitted to the several gentlemen composing the council referred to in the above.

We have received from Dr. Spinzig, No. 30 of the *Vaccination Inquirer and Health Review*, which like Banquo's ghost, will not down, but persists in opposing vaccination and everything having any connection with it.

The *College Record* is a new weekly, started in St. Joseph, Mo., by Dr. F. C. Hoyt. It contains two pages of reading matter and as many of advertisements, and purports to be the organ of the medical colleges. We hope that the new venture may prove successful and rapidly enlarge its sphere of usefulness.

The Tenth Semi-annual meeting of the South-East Missouri Medical Association was held at Cape Girardeau, Mo., commencing Tuesday, Nov. 1, and was quite successful.

The Ninth Annual Session of the American Public Health Association will be held at Savannah, Ga., Nov. 29, to Dec. 2, inclusive. This Association is one of the most important we have in this country, its object being the hygienic education of the people. We hope that this meeting will be successful, and attended with the best practical results attainable.

The Tri-State Medical Society of Illinois, Indiana and Kentucky, which met here Oct. 25, 26 and 27, did not have as good an attendance as it should have had. It almost seems as if a great many members had preconcerted not to come, in order to make the showing make as poor an appearance as possible. However, the meeting was a success as far as good and earnest work was concerned. The Mississippi River Convention through its committees, invited the members of the Tri-State to participate in all of its entertainments, a compliment which was duly appreciated and acknowled by fitting relations.

The South-West Medical Association of Missouri will hold its Second Annual Meeting at Neosho, Tuesday, Nov. 8, 1881. Dr. E. P. Hansart, of Pierce City, is the President, and Dr. Flanner, of Springfield, Secretary.

TRI-STATE ITEMS:—Dr. L. I. Matthews, of Springfield, Mo., represented the South-West Medical Association of Missouri, at the late meeting of the Tri-State held here.

Prof. Ireland, of Louisville, Ky., was the same genial, kind soul that he has ever been.

Dr. A. E. Prince, of Jscksotville, Ill., exhibited an appliance of his invention for the detection of astigmatism and its degree of variation. He also gave a simple method for maintaining the head of a patient, in the same position, whilst operating upon the eye.

Prof. Lester, of Kansas City, Mo., was present, and it was his opinion that there was no more room at present, for medical colleges in that thriving metropolis.

We learned from Dr. Owen, that the *Indiana Medical Reporter*, although not dead is in its last throes.

We have received the initial number of the *New England Medical Monthly*, a double column journal of 48 pages, published at Newtown, Conn., at $2.00 per year. Dr. Wm. C. Wile is the editor and proprietor.

TO THE SUBSCRIBERS TO THE "INDEX MEDICUS."

Notwithstanding the unremitting efforts of the publisher in behalf of the INDEX MEDICUS, the degree of support which it has received from the profession, by way of *bona fide* subscriptions, has not been sufficient to meet the expense of issue during the current year, and the publisher has relunctantly been forced to call upon those who so promptly volunteered to see him safely through this year's issue, for the amounts severally guaranteed by them.

The continuation of the INDEX for another year must depend upon the profession. The publisher cannot, in justice to himself, stand the risk of additional loss, nor does he feel justified in expecting the same small minority, who came so generously to the rescue this year, to bear the burden of the deficit a second time.

While he cannot object to any individual contribution that may be directly pledged, he is unwilling to make any special appeal, believing that the enterprise is of such importance to medical science as to entitle it, on the part of the profession, to a more general support. If the general practitioner has no

direct use for the INDEX, he is, nevertheless, indirectly benefited by its work. The publisher is at a loss to devise any means by which to impress this fact on those too busy to realize it, but he believes that in some measure a more general estimate of the work, and a more adequate coöperation on behalf of its support, could be insured through the medical organizations. Four associations, indeed, have already taken action in this direction, viz: the American Medical Association, the Philadelphia County Medical Society, the Philadelphia Pathological Society, and the Philadelphia Obstetrical Society, each of whom subscribed $50 toward the guarantee fund of 1881. If this example could be followed proportionately by other medical societies, the deficit could be covered with a minimum tax on individual members.

A three years' trial has demonstrated that the INDEX cannot derive its full support from regular subscriptions at the present rate of $6. The total returns from subscriptions, even at this latter rate, still fall fully $1000 behind the expenses. It is therefore necessary not only that every subscriber should renew his subscription for another year, but that a special amount, aggregating at least $1000, should be pledged in advance to cover the probable deficit.

As it is necessary, in justice to the editors, that an early decision should be reached, every subscriber is requested to respond to the following questions at the earliest moment possible:

1. Will you renew your subscription to the INDEX MEDICUS *for 1882 at $6?*

2. In what manner can you help to secure the INDEX MEDICUS *against actual loss during 1882?*

The decision, which must be reached early in November, will depend upon the responses received to these two questions.

With the closing issue of the INDEX for this year, a statement of expenditures and returns will be published, together with a list of those who have supported the enterprise this year and (if the responses justify) of those who promise their support for 1882.

Communications in response to this circular should be addressed to

F. LEYPOLDT, Publisher.
13 and 15 Park Row, New York.

The *Alienist and Neurologist* for October is out. It contains 163 pages of highly interesting and really instructive matter. There is not a general practitioner in the land, that would not be greatly benefited in his daily practice by peruseing its pages. We wish Dr. Hughes success in maintaining the present high standard of St. Louis medical literature.

Vol. I, No. 1, of the *New England Medical Monthly* is on our table asking for exchange. It is a well gotten up journal. It will fill a "want long felt;" for this reason, it will no doubt be a successful enterprise.

Dr. Tanner, of fasting fame, was reported as dead some time ago, having departed this life at Amsterdam, Holland. This report is false. The only original Tanner still lives and is even now in training for a fifty day's fast. He pronounces the report of his translation to victualles realms as an Amster-*dam* lie.—*Ex.*

DR. CHEYNE AND BEAU NASH.—When Cheyne asked Beau Nash if he had followed his prescription, his witty patient replied, "No indeed, doctor, for if so, I would have been dead." "How so?" asked the doctor aghast. "Because," said Nash, "I threw it out of the window."

The *Med. and Surg. Reporter*, DR. D. G. BRINTON'S, weekly, is one of the best journals of the East. Instead retrograding, as nearly all of the Eastern weekly's are doing, it is improving with each year.

ARTICLE LXXIV.

DEATHS AND RATE OF MORTALITY

Per 1000 Inhabitants, Annually, in the Largest American and Foreign Cities. According to the Latest Returns.

CITIES.	Population.	DATE OF RETURN.	Deaths from all Causes.	Anual Death Rate per 1000	Mean Ther. Range.
New York	1.206.577	Week Ending Oct. 1,	778	33 6	.....
Philadelphia	846.980	" " "	404	24.9	.....
Brooklyn	566.689	" " "	302	27.8	.....
St. Louis	350 522	" " "	144	21.4	.....
Chicago	503.304	" " "	263	27.2	.....
Baltimore	332.190	" " "	.....	.....	.....
Boston	362.555	" " "	196	28.2	.....
San Francisco, Cal	233.956	" " "	81	18.1	.....
Cincinnati	255.708	" " "	104	21.2	.....
New Orleans	206.140	" " "	99	23.8	.....
Buffalo	155.137	" " "	123	41.4	.....
Cleveland	160.140	" " "	99	32.3	.....
Washington, D. C.	180.000	" " "	89	25.7	.....
Pittsburgh	156.381	" " "	85	28.5	.....
Newark	136.400	" " "	67	25.6	.....
Detroit	116.342	" " "	.....	.....	.....
Milwaukee Wis	115.578	" " "	53	27.8	.....
Richmond Va	63.803	" " "	52	42.5	.....
New Haven, Conn	62 882	" " "	23	19.1	.....
Charleston	49 999	" " "	36	37.5	.....
Memphis, Tenn	33.593	" " "	24	37.3	.....
Mobile	31.205	" " "	25	41.8	.....
Boulder, Col	3.069	" " "	.....	.....	.....
Galveston	22.253	" " "	12	28.1	.....
Indianapolis	75.074	" " "	30	20.8	.....
Springfield, Mass	33.340	" " "	13	20.3	.....
Nashville, Tenn	43.461	" " "	19	22.8	.....
Sacramento	21.500	" " "	.....	.....	.....
St. Paul, Minn	41.498	" " "	26	32.5	.....
London	3.707.130	" " Sept. 17,	1,151	15.7	55.0
Paris	1.988 806	" " Sept. 24,	947	24.7	70.0
Berlin	1 123.571	" " Sept. 10,	462	21.4	.....
Vienna	731.191	" " Aug. 20,	365	26.0	62.9
Buda-Pesth, Hung	370.037	" " Sept. 10,	263	36.0	.....
Shanghai	3.000	" " "	.....	.....	.....
Cape Town, Africa	35.000	" " Aug. 8,	24	35.8	60.0
Liverpool	549.834	" " Sept. 17,	299	28.2	54.3
Genoa, Italy	185.000	" " Aug. 27,	108	30.5	75.2
Calcutta	429.535	" " Aug. 20,	181	21 9	82.8
Hamburg (state)	400.000	" " Aug. 6,	246	32.1	.....
Warsaw, Russia	379.763	" " Sept. 10,	325	44.5	.....
Brussels	406.638	" " Sept. 17,	167	23.3	.....
Stockholm, Sweden	173.433	" " "	.....	.....	.....
Dublin	333.401	" " "	145	21.6	51.1
Lyons, France	342.815	" " "	.....	.....	.....
Amsterdam	316.952	" " "	149	22.3	60.0
Sheffield	304.938	" " "	90	16.4	51.5
Leipzic, Saxony	151.616	" " "	52	17.6	54.0
Breslau	273.000	" " Sept. 10,	157	30.0	60.8
Copenhagen, Den	235.254	" " "	102	22.5	57.0
Christiania, Norway	120.000	" " "	.....	.....	.....
Alexandria	220.000	" " Sept. 17,	199	47.1	.....
Dresden	220.216	" " "	.....	.....	.....
Bradford	197.196	" " "	53	15.0	.....
Seville, Spain	138.000	" " "	.....	.....	.....
Tangier, Morocco	15.000	" " "	.....	.....	.....
Rouen, France	104.209	" " "	.....	.....	.....
Dundee	155.100	" " "	42	15.3	62.9
Geneva, Switz	50.233	" " "	.....	.....	.....
Prague	333.401	" " Aug. 20,	128	25.6	62.1
Havana	195.437	" " Sept. 24,	150	40.0	81.0
Vera Cruz, Mexico	20.000	" " Sept. 25,	19	42.5	83.0

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—OCT., 1881.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum.
1	64.0	68.5	18	48.5	51 5
2	67.0	74.5	19	44.0	57.0
3	73.0	81.0	20	**43.5**	57.5
4	69.0	79.5	21	44.0	69.0
5	48.0	63 0	22	48.5	70.0
6	50.0	71.5	23	58.5	66.0
7	62.0	79.0	24	47.5	50.5
8	68.0	**85.5**	25	44.0	67.5
9	62.0	73.5	26	50.0	68.5
10	55.5	71.0	27	52.0	63.0
11	52.5	72.5	28	56.5	65.5
12	68.0	77.5	29	57.5	71.0
13	56.5	59.0	30	55.5	60.5
14	55.0	77.0	31	45.5	58.5
15	69.5	83 0			
16	54.0	69.0	Means	55.9	69.1
17	65.0	81.0	Monthly Mean.	62.5	

Quantity of rain, 7.13 inches.

MORTALITY REPORT.---CITY OF ST. LOUIS.

FROM SEPT., 3, 1881, TO OCT., 1, 1881, INCLUSIVE.

Small Pox..... 1	Childbirth..... 4	Convulsions & Trismus Neonatorum 61	Syphilis..... 2
Scarlatina.....14	Inanition, Want of Breast Milk, etc.19	Hydrocephalus and Tub. Meningitis.11	Apoplexy 4
Pyæmia & Septicæ 1	Alcoholism.. 10	Meningitis & Encephalitis 27	Dis. fem. gen. org. 0
Erysipelas 3	Rheumat'm & Gout 0	Other Diseases of the Brain and Nervous System36	Surgical Operation 0
Diphtheria 18	Cancer and Malignant Tumor..... 9	Cirrhosis of Liver and Hepatitis...11	Premature Birth 0
Membran's Croup. 7	Phthisis & Tuberculosis, Pulmon 73	Enteritis, Gastro-Enteritis, Peritonit, and Gastritis' 33	Deaths by Suicide 11
Whooping Cough. 7	Bronchitis.. 6	Bright's Disease and Nephritis...17	Deaths by Accid't 20
Ovarian tumor.... 1	Senility 31	Other Diseases of Urin ary Organs. 3	Deaths by Homicid 6
Measles 0	Pneumonia.....15	Diabetes..... 0	Congen Defor'ty 30
Typhoid Fever...23	Heart Diseases....29		Total Deaths from all Causes.....833
Cerebro Spinal Fev 5	Other Diseases of Respir'y Organs 16		Total Zymotic Diseases 296
Remittent, Intermittent, Typho-Malarial, Congestive & Simple Contin'd Fevers,75	Heat Stroke..... 2		Total Constitutional Diseases.....173
Puerperal Fevers.. 8	Marasmus—Tabes Mesenterica and Scrofula 77		Total Local Diseases 262
Diarrhœal Disea's100	Other Const. Dis. 3		Total Develop'tal Diseases 65
Other Zymotic Diseases 3			Deaths by Viol'ce37

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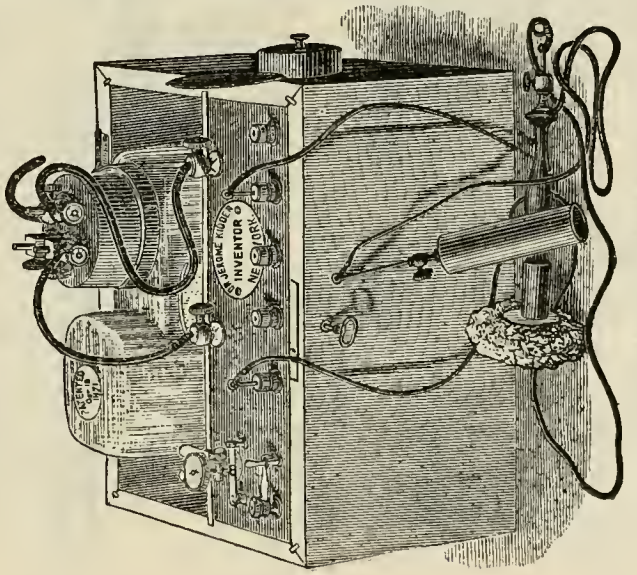

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The FORTIETH REGULAR SESSION will begin on Monday, Sept. 26, 1881, and continue until March 4, 1882. There will be no preliminary lectures. Students should secure their seats at the beginning of the Session. We desire to call the attention of the Profession to the fact that we enforce attendance on three regular courses of lectures so graded as to lead the student from the fundamental to the practical branches in logical order. We are satisfied that the best way to secure an advanced standard of qualification in medical graduates is to lengthen the time of study. This plan of teaching by dividing the total number of students into three classes among other advantages makes clinical instruction more efficient than under the old plan, bringing the student into closer contact with the patients. Practical work in the anatomical rooms and in the chemical laboratory is obligatory. Special lectures on histology, pathological anatomy, ophthalmology and diseases of women have been added to the regular curriculum. The college clinic in the new building on the college grounds provides increased clinical facilities.

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Fees for each winter term, including graduation and all other fees..... $ 90.00

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The next annual course of Instruction in this Department (now in the forty-eighth year of its existence will commence on Monday, the 17th day of October, 1881, and terminates on Saturday, the 25th day of March, 1882. The first three weeks of the term will be devoted exclusively to Clinical Medicine and Surgery at the Charity Hospital; Practical Chemistry in the Laboratory; and dissections in the spacious and airy Anatomical Rooms of the University.

The means of teaching now at the command of the Faculty are unsurpassed in the United States. Special attention is called to the opportunities presented for

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The act establishing the University of Louisiana gives the Professors of the Medical Department the use of the great Charity Hospital, as a school of practical instruction.

The Charity Hospital contains nearly 700 beds, and received, during the last year, nearly six thousand patients. Its advantages for professional study are unsurpassed by any similar institution in this country. The Medical, Surgical and Obstetrical Wards are visited by the respective Professors in charge daily, from 9 to 10 o'clock A. M., at which time all the students are expected to attend, and familiarize themselves, *at the bedside of the patients*, with the diagnosis and treatment of all forms of injury and disease.

The regular lectures at the Hospital, on Clinical Medicine by Professors Bemiss, and Joseph Jones; Surgery by Professors Richardson and Logan; Diseases of Women and Children by Professor Lewis, and Special Pathological Anatomy by Professor Chaille, will be delivered in the amphitheater on Monday, Wednesday, Thursday and Saturday from 10 to 12 A. M.

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Candidates for Graduation are required to be twenty-one years of age; to have studied three years; to have attended two courses of lectures, and to pass a satisfactory examination.

Graduates of other respectable schools are admitted upon payment of the Matriculation and half lecture fees. They cannot, however, obtain the Diploma of the University without passing the regular examinations and paying the usual Graduation Fee.

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THE PRELIMINARY COURSE will begin September 7th, 1881, and continue until October 1st. In it will be discussed special subjects of great interest and importance, and students are advised to attend it.

THE REGULAR SESSION will begin October 1st. and continue five months. It will include Didactic Lectures with Demonstrations, Recitations, Clinic l and Special Instruction, involving Physical Manipulation.

CLINICS—The Clinical advantages furnished to the students of this school are unsurpassed. Clinics are held daily in the college building, the number of patients presenting themselves for treatment being annually over ten thousand. These provide means of illustration in all the practical branches of Medicine, and advanced students wilt have ample opportunity of making physical examinations, especially in cases of Thoracic Diseases and Gynæcology, and of being present at Obstetrical cases. These Clinics are free to students of the college. Two Clinical Lectures are delivered daily at the Cincinnati Hospital (near the college), during the entire session, at which the abundant material, both Clinical and Pathological, contained in this large institution is brought before the student.

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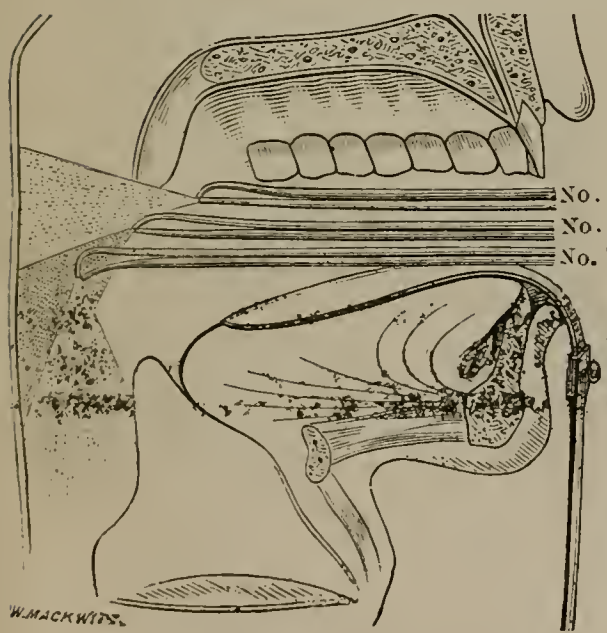

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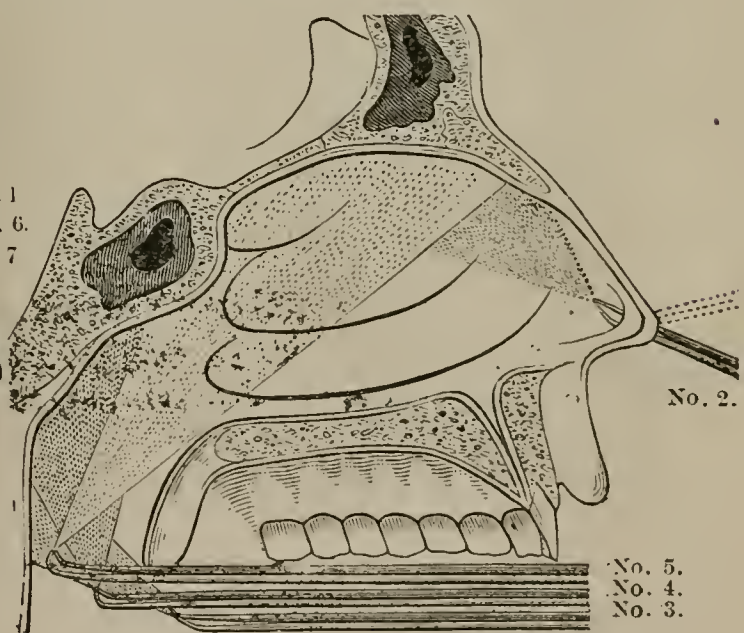

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Cod Liver Oil and Creosote (2 *grs.*)
Cod Liver Oil, 10 minims,
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Cod Liver Oil and Iodoform.
Cod Liver Oil, 10 minims.
Iodoform, 2 grs.

Cod Liver Oil and Phosphorus, (1-60).
Cod Liver Oil, 10 minims.
Phosphorus, 1-60 grain.

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10 minims.

Cod Liver Oil and Creosote, (4 *grs.*)
Cod Liver Oil, 10 minims.
Creosote, 4 grains.

Cod Liver Oil and Iodide of Iron.
Cod Liver Oil, 10 minims.
Iodide of Iron, 1-2 grain.

Cod Liver Oil and Iodine.
Cod Liver Oil, 10 minims.
Iodine, 1-4 grain.

Cod Liver Oil and Phosphorus (1-30).
Cod Liver Oil, 10 minims.
Phosphorus, 1-30 grain.

Phosphorated Oil, Compound.
Phosphorated Oil, (1-60 *grs.*) 1 *m*
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Phosphorated Oil (1-50 *gr.*,)
in 10 *m* of Oil.
1-50 gr. Phosphorus

Cod Liver Oil.
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Cod Liver Oil,
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Copabia, best Para, 6 minims.
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Copabia, Cubebs and Buchu,
Copabia, best Para, 6 minims.
Ethereal Ext. Cubebs, 2 minims
Extract Buchu, 2 minims.

Copabia, Cubebs and Rhatany.
Copaiba, best Para, 6 minims.
Ethereal Ext. Cubebs, 2 minims.
Extract Rhatany, 2 minims.

Oil of Eucalyptus, 5 *gt's.*,
With Sweet Almond Oil q. s. ad 10*m*

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